

Research report

Provider-led Pathways to Work: the experiences of new and repeat customers in phase one areas

by Oliver Hayllar and Martin Wood

Department for Work and Pensions

Research Report No 723

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First published 2011.

ISBN 978 1 84712 920 8

Views expressed in this report are not necessarily those of the Department for Work and Pensions or any other Government Department.

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Acknowledgements

The National Centre for Social Research (NatCen) is part of a consortium of organisations, led by the Policy Studies Institute, evaluating the Provider-led Pathways to Work reforms.

Thanks to Tanja Sejersen, David Hussey, the operations team at Brentwood and interviewers at the NatCen.

The Department for Work and Pensions (DWP) funded the study and the research team would like to thank Preeti Tyagi, Gary Gifford, Mike Jones, Elizabeth Coates, Janet Allaker and Deborah Pritchard.

Finally, we would like to thank the DWP customers interviewed for the study, who gave their time freely. The study was only possible with their openness when discussing often very difficult periods of their lives.

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Abbreviations

CMP	Condition Management Programme
IB	Incapacity benefits
IBPA	Incapacity Benefit Personal Adviser
PL Pathways	Provider-led Pathways to Work
PLP customers	Customers in Provider-led Pathways areas
RTWC	Return to Work Credit
WFI	Work Focused Interview

Glossary

Work Focused Interview (WFI)	Carried out by the personal advisers with customers at Jobcentre Plus and at the Provider.
Incapacity benefits (IB)	Used in this report to refer to Incapacity Benefit, Income support on the grounds of disability and Severe Disablement Allowance.
Incapacity Benefit Personal Adviser (IBPA)	The personal adviser operating the single initial WFI at Jobcentre Plus.
Pathways to Work	Name of the national employment programme for IBs customers.
PLP customers	Customers in Provider-led Pathways areas.
Return to Work Credit (RTWC)	The RTWC is a payment of £40 per week that Pathways to Work customers may receive for up to 52 weeks when they move in work (subject to some qualifying conditions).

Summary

Background to Pathways to Work and Provider-led Pathways

The Pathways to Work programme aims to provide tailored assistance to people on incapacity benefits to help them to move into, or towards, paid work.

Originally introduced in 2003 in 'pilot' areas, a Jobcentre Plus model of delivery of Pathways to Work was gradually extended to a set of 'expansion' areas covering 40 per cent of the UK. This introduced mandatory 'Work Focused Interviews' (WFIs) at Jobcentre Plus with specialist Incapacity Benefit Personal Advisers (IBPAs). The programme also offered a range of Jobcentre Plus run services focusing on work and health, including the innovative Condition Management Programme (CMP).

Subsequently, in December 2007 (phase one) and April 2008 (phase two), a 'Provider-Led' model of Pathways to Work was nationally rolled out across the remainder of the country where the delivery of the programme was contracted out to private and not-for-profit third sector organisations. The programme in these areas is commonly known as Provider-led Pathways to Work (PL Pathways).

This report presents findings from a telephone survey (and an accompanying web-survey) of 3,095 new and repeat incapacity benefit customers in the phase one areas of PL Pathways who claimed their benefits between April to June 2008. Interviews were conducted in the period from June to mid September 2009 (on average 14 months after their claim for benefits).

Some key comparisons between customers in PL Pathways areas and new and repeat customers in pilot and expansion areas (where there is Jobcentre Plus delivery) are made in this report¹.

Background and health characteristics of customers

The PL Pathways population was diverse in terms of different health, work and background characteristics.

As might be expected, at the time of their claim, a large proportion of customers were dealing with health conditions that had a substantial impact on their lives. Ninety-four per cent of customers reported having a health condition and just over three-quarters (76 per cent) reported having one that limited their day to day activities 'a great deal'.

By the time of the survey interview about 14 months later, fewer customers reported having an ongoing health condition or disability (75 per cent). For around two-fifths (42 per cent) of individuals, the effect of conditions on their activities improved over this time. However, a majority of customers (53 per cent) saw no improvement in the effect of their conditions or saw a decline in their health situation.

¹ Key data about new and repeat customers in both pilot and expansion areas are taken from DWP research report 627: Hayllar, O., Sejersen, T. and Wood, M. (2010) Pathways to Work: The experiences of new and repeat customers in Jobcentre Plus expansion areas. This report makes comparisons between pilot and expansion areas as well as providing all (or total) new and repeat customer estimates for key measures.

Turning to the type of conditions that customers were dealing with when they started on Pathways, mental health conditions, musculo-skeletal and chronic/systemic conditions were the most common (33 per cent, 31 per cent and 21 per cent respectively).

To describe the demographic characteristics of Provider-led Pathways customers:

- There were slightly more men than women (56 per cent male), and the majority (54 per cent) were aged 40 years and over. A quarter of customers were aged 18 to 29 years.
- As with Jobcentre Plus-led Pathways to Work populations, a sizable proportion were renting from the council or social sector (37 per cent).
- A sizable proportion (42 per cent) of customers, lived in the most deprived quintile of areas.
- 28 per cent lived alone, whilst 38 per cent lived with a partner. Amongst those with a partner, three-fifths (60 per cent) had a partner in paid job at the time of the interview.
- 16 per cent lived with a partner and children, whilst one in ten customers (ten per cent) lived with children but no partner.

There was also diversity in customers' work histories and their skills and qualifications. About half (54 per cent) reported having spent substantial amounts of time in paid work prior to their claim for incapacity benefits, whilst the remainder had experienced fluctuating work patterns or a limited amount of paid work.

Compared to the general working age population in the UK, Provider-led Pathways customers were less well-qualified on average. A quarter of customers had no qualifications at all, whilst 57 per cent were qualified to Level 2 or above (GCSE grades A-C) compared to 71 per cent of the working age population. Twenty-four per cent of customers also reported having basic skills problems.

Interaction with the Provider-led Pathways programme

Attendance at Jobcentre Plus and referral to Providers

Just over two-thirds of customers (68 per cent) recalled attending an initial WFI at Jobcentre Plus. Most of the remainder said that they were not asked to attend such a meeting, and for those who were asked, it was generally agreed that they did not have to attend (mainly for health-related reasons). In comparison with customers in Jobcentre Plus Pathways areas, Provider-Led customers were slightly less likely to have attended this initial WFI (68 compared to 75 per cent).

Customers in better health were **less** likely to attend a WFI at Jobcentre Plus than those in worse health – those who experienced continued good health since their claim were the least likely to attend a Jobcentre Plus WFI (46 per cent compared to 71 per cent of customers whose health condition remained poor or declined further since their claim).

It was intended that Jobcentre Plus advisers should direct customers to provider services at this initial WFI if this was judged appropriate². The majority of customers (60 per cent) who attended the initial Jobcentre Plus WFI were told about further meetings with a Provider (49 per cent recalled being told by their IBPA they **had** to attend further meetings, whilst a further 11 per cent reported

² The Pathways process at the time required the use of a web based screening tool at the initial Jobcentre Plus WFI to identify those deemed to be closest to the labour market who were then screened out of the Pathways mandatory process. These customers could still volunteer to access provider services. Additionally, if the adviser considered that an interview at that time would not be appropriate, they could waive the requirement to attend or defer the requirement to a later date. The screening tool and the waiver facility were removed after the introduction of ESA in October 2008.

that they were told about further meetings by their IBPAs). Two-fifths, therefore, did not recall having been told about Providers. For most it did not appear that this was a result of a lack of clarity at Jobcentre Plus – three-quarters of customers said that the adviser there was ‘very’ (48 per cent) or ‘fairly’ clear (28 per cent) about the next steps for the programme.

Contact with Providers

Just over two-fifths of customers (41 per cent) had at least one WFI with a Provider organisation. As noted above, many of those who did not attend meetings did not recall being told about Providers by Jobcentre Plus staff. Among those who reported that they were told or knew about Providers, the most common reason given for not attending was that their health was not good enough (44 per cent) and not being told they **had** to go (27 per cent).

Provider-led Pathways customers generally had prolonged involvement with the Pathways programme. Three-fifths (59 per cent) of those who met with Providers attended the full five WFIs. Overall, this meant that 23 per cent of all customers attended the five WFIs following the initial Jobcentre Plus WFI.

Multivariate analysis of factors associated with whether or not customers attended Provider WFIs confirmed the importance of the customers’ health situation in understanding attendance in the programme. Those in continued poor or declining health were more likely to have attended than those with ‘continued good health’ or those with ‘Improvements in health – no condition/no effect’.

Household structure or status was key too, with those who lived alone more likely to have attended a Provider WFI than those who lived with:

- a working partner and children;
- a working partner, but no children;
- non working partner but no children; and
- children, but no partner.

Interestingly, customers’ previous work history seems to have had less impact on referral and attendance than expected. Customers with more extensive work histories (i.e. those with ‘substantial work pre-claim’) were only slightly less likely to have attended Provider WFIs than those with fluctuating or limited work pre-claim (38 per cent attended a meeting compared to 42 per cent), with work history also not being found to be a key factor identified by multivariate analysis.

Service provision

Turning to the type of involvement that customers (who attended at least one Provider WFI) had with Providers during their contact with them, the large majority (77 per cent) had Provider staff undertake some work-related activities to support them, with the most common being ‘receiving advice on applying for jobs or writing their CV’ (53 per cent).

Almost a quarter (23 per cent) of those who attended Provider WFIs took part in workshops. Most commonly these were connected with being positive, building confidence, being assertive or coping with their health condition (16 per cent), or developing interview skills (13 per cent).

Nearly half of customers (47 per cent) who attended Provider WFIs said they were ready and able to think about paid work during their meetings, with the large majority of these (78 per cent) undertaking some work related activities. The most commonly undertaken activities were looking for suitable jobs (63 per cent), applying for jobs (55 per cent) and updating their CV (52 per cent).

All Providers were contractually obliged to provide some health management service, similar to the CMP led by NHS in the Jobcentre Plus-led Pathways areas.

Although only a small proportion of customers used health management services at Providers (eight per cent), this was still a higher level than those who used the CMP in Jobcentre Plus-Led Pathways areas (four per cent).

Customer assessments of services

Customers were generally very positive about the different parts of the Provider-led Pathways programme. Approval for the initial meeting at Jobcentre Plus was relatively high. Approaching a third (29 per cent) of customers reported that meetings had helped ‘a lot’ to focus them on work with a further 27 per cent saying they helped ‘a little’.

Assessments of Provider services were also positive. When asked to rate how well they thought the advisers they spoke to understood their situation on a scale from ‘very well’ to ‘not at all well’, the majority of customers felt that the advisers understood very well (60 per cent). Customers were also positive about how well the Provider’s service met their needs, with 77 per cent saying it met their needs ‘very well’ or ‘fairly well’. The majority of customers (63 per cent) also did not believe anything more could be done to improve the services they received from the Provider, and there was little evidence that specific groups of customers were not being catered for.

Paid work and intermediate outcomes

A quarter of customers had worked at some point during the 13 month period following their claim for incapacity benefits. A gradual movement into employment over the period was observed.

Of those who had worked at some point, over a quarter (28 per cent) reported that they had been employed for the full period since their claim³. A further quarter (26 per cent) found work in the first six months after their claim and a similar proportion (25 per cent) moved into work in a later period. The remaining fifth (20 per cent) of customers who worked at some point experienced falling out of the paid work they had been in since their claim.

At the time of the survey interview (14 months, on average, after their claim), over a fifth of customers (21 per cent) were in paid work, 29 per cent were actively looking for work or waiting to start work or a business, whilst half (50 per cent) were not looking for work. In comparison with new and repeat customers in the Jobcentre Plus-Led Pathways areas, Provider-led Pathways customers were less likely to be in paid work (30 per cent compared to 21 per cent). However, this may reflect differences in labour markets, particularly as the economic downturn began during the period between the Provider-Led sample’s claim and their survey interview (the surveys in Jobcentre Plus-led areas were conducted before the recession).

The majority of customers who had found work were in full-time employment. Over half (55 per cent) of customers who had found work were working 30 hours or more per week, with 27 per cent working 16 to 29 hours and only 18 per cent working less than 16 hours per week. While 15 per cent of customers in work were in managerial and professional occupations, half (50 per cent) of customers were in routine or semi-routine occupations⁴.

³ In some cases this may relate to Permitted Work – work of less than 16 hours per week that Jobcentre Plus allows without there being a reduction in benefits – or undeclared work. However, it is likely that in some instances respondents have not equated a period where they were not working due to ill-health with being ‘out of paid work’.

⁴ As examples, semi-routine occupations include receptionists, market research interviewers, steel erectors, home carers, and educational assistants, assembly line workers in electrical or automotive plants. Routine occupations include cleaners, unskilled factory workers, labourers and bus drivers.

Multivariate analysis confirmed that the factor most strongly associated with being in work was how their health situation changed from the point of claim. This was consistently found to be the case in analysis of customers in Jobcentre Plus areas. Those whose health improved were considerably more likely to be in work than those whose health had not improved or had deteriorated. Among those who were not looking for work, the overwhelming reason given for this was health problems.

Conclusions

The Jobcentre Plus role in referrals

A high proportion (68 per cent) of Provider-Led customers recalled attending a WFI at Jobcentre Plus. This was a little below the proportion who reported attending the initial WFI in Jobcentre Plus led Pathways areas (75 per cent).

The pattern of attendance at Provider WFIs appears to be a combination of the use of a screening tool, self-selection by customers and Jobcentre Plus advisers using the discretion of waivers and deferrals based on wider personal circumstances beyond health or employment history of the customers. Strong referral – customers being told they had to go – was strongly associated with participation. It appears that where customers were aware that the information on their situation was received by the Provider by the first meeting, they were likely to have better engagement with them.

Strong attendance at Providers

Overall, two-fifths of customers attended at least one WFI with a Provider. This was a slightly lower proportion than went beyond the initial WFI in Jobcentre Plus-led areas where half of customers went to this point.

However, Provider-led Pathways customers had more prolonged involvement with the Pathways programme. Almost three-fifths (59 per cent) of those who met with Providers attended the full five WFIs. Overall, this meant that 23 per cent of all customers attended the five WFIs following the initial Jobcentre Plus WFI compared with 14 per cent in Jobcentre Plus-led areas. This would seem to indicate a degree of success on the part of Providers in encouraging engagement with the programme. It may reflect a greater focus among Providers on ensuring customers finish the sequence of WFIs as a strategy for maximising work outcomes (in the context of payment by results), or be the response of customers to the approach taken to the meetings more generally.

The more prolonged attendance may also reflect the lower level of movement into work (and therefore out of the WFI sequence) that was observed among our sample of Provider-Led customers. The sample in Provider-Led areas made their claims just as the economic downturn took hold and customers are likely to have faced a more difficult labour market than did the earlier sample from Jobcentre Plus-led areas.

Limited evidence of creaming and parking

The prolonged involvement observed with Providers across all groups does not in itself mean that ‘parking’ of those who may be further from work did not occur. This could still occur where customers continue to be asked to attend meetings, but these are cursory and do not lead to significant assistance. This concern was raised by earlier qualitative work⁵.

⁵ Hudson *et al.*, (2010) and Tennant *et al.*, (2010).

As the services provided beyond mandatory WFIs are voluntary in nature, it is difficult to make an assessment of whether 'parking' and 'creaming' occur. It is with this in mind that evidence of an association between not being worked-focused and not doing activities with Providers should be considered (customers who said they were not able to think about paid work were much more likely to state that the Provider advisers did no activity with them).

Positive assessments of services

There was a high level of satisfaction with services. Customers generally reported that Provider staff understood their situations well. There is evidence to suggest that this might improve further with an improvement in utilisation of the information on customers' situation by the Provider (29 per cent of customers were not aware if this information was received by provider). There was, also, consistency in case management in general, with just over half of customers saying that they dealt with a single adviser. Having someone whom the customer felt they could always contact to get help was strongly associated with positive assessments of the services.

Work outcomes

As for customers in Jobcentre Plus-Led areas, the most important factor, by far, in whether they had moved into work some months after their start on Pathways was the trajectory of their health conditions. Other characteristics had a bearing on this outcome, such as living with a partner who was in paid work and having qualifications or having multiple disadvantages, but changes in health conditions were often the key factors determining work outcomes.

1 Introduction

1.1 Background

The Pathways to Work programme aims to provide tailored assistance to people on incapacity benefits to help them to move into, or towards, paid work.

Originally introduced in 2003 in 'pilot' areas, a Jobcentre Plus model of delivery of Pathways to Work was gradually extended to a set of 'expansion' areas covering 40 per cent of the UK. This introduced mandatory 'Work Focused Interviews' (WFIs) at Jobcentre Plus with specialist Incapacity Benefit Personal Advisers (IBPA). The programme also offered a range of Jobcentre Plus run services focusing on work and health, including the innovative Condition Management Programme (CMP).

Subsequently, in December 2007 (phase one) and April 2008 (phase two), a 'Provider-Led' model of Pathways to Work was nationally rolled out across the remaining 60 per cent of the country where the delivery of the programme was contracted out to private and not-for-profit third sector organisations. The programme in these areas is commonly known as Provider-led Pathways to Work. In summary, the key aspects of the PL Pathways process are⁶:

- Most customers making a claim to an incapacity benefit must attend an initial WFI at the Jobcentre Plus between eight and thirteen weeks after making their claim. Some customers were either exempt or would not have attended for various different reasons (see Section 3.3.1 for details).
- Following the initial WFI, if deemed appropriate, customers are referred on to the local Provider, on a mandatory basis, to attend the further five WFIs at four week intervals⁷. Some customers were able to access Provider services on a voluntary basis.
- The Providers offer a range of provision aimed at improving labour market readiness and opportunities. All Providers are expected to provide a health management service, similar to the CMP run by the National Health Services (NHS) in the Jobcentre Plus-led Pathways areas.
- In line with a black box model of delivery, it was expected that the services would vary between providers, and that they would deliver the services themselves or would involve partner organisations to run specialist work training or health programmes.

1.2 Research aims and report structure

As with the Jobcentre Plus-led Pathways to Work, the Department for Work and Pensions (DWP) commissioned a comprehensive evaluation of the operation and impact of Provider-led Pathways in 2008. This report presents findings from a survey of customers in phase one Provider-led Pathways areas that was commissioned as part of this broader evaluation.

The survey of new and repeat incapacity benefits customers in the Provider-led Pathways areas had two overall objectives. The first objective was to provide data to enable an impact assessment of Provider-led Pathways to Work which will be published alongside this report.

⁶ See the appendix for further details of the Provider-led Pathways programme and its evaluation.

⁷ As from March 2010, Providers have the flexibility to tailor the timing of WFIs to meet the needs of the individuals.

Following earlier qualitative work⁸, the second objective (and the one addressed in this report) was to describe the pattern of engagement with the Provider-led Pathways programme, customers' experiences and assessments of the process and services, and to understand their work and health outcomes in the medium-term. The aims for the research that are built into the structure of the report can be summarised as follows:

- To describe customers' health situations, demographics, skills and work history and consider how they interact and engage with the Provider-led Pathways programme. Chapter 2 introduces the measures of customers' background characteristics provided by the survey and these are a focus of analysis throughout the report.
- To highlight the **level** and **nature** of engagement with the Provider-led Pathways programme, including attendance at Jobcentre Plus and Provider WFIs. Chapters 3 and 4 describe the pattern of attendance and consider factors influencing this. Comparisons are made with patterns observed in Jobcentre Plus-led areas to highlight differences in the models implemented.⁹
- To consider the nature of the services provided and in doing so consider issues of 'parking' and 'creaming' of customers. This is the subject of Chapter 5, which also considers the take-up of health management services in comparison to Jobcentre Plus-led areas.
- To examine customers' assessments of the performance of the services and support offered by Providers and consider factors that might affect these ratings. This is the subject of Chapter 6.
- To examine the patterns of work and intermediate outcomes following the claim and consider the place of the Provider-led Pathways among the range of factors influencing movement towards paid employment (see Chapter 7).
- Finally, to develop conclusions and policy implications from the key findings (see Chapter 8).

1.3 Research methodology

This report is based on a survey of a sample of 3,095 Provider-led Pathways customers drawn randomly from the National Benefits Database. The sample included incapacity benefits starts between 1 April 2008 and 30 June 2008 in 93 Provider-led Pathways local authorities (phase one areas).

Telephone interviews were conducted in the period from June to mid September 2009. On average, the interview was carried out 14 months after the claim for benefits. A telephone approach was adopted as a cost-effective means of generating the required number of cases for the intended impact assessment. An interviewer-administered approach provides advantages over postal approaches for a population where basic skills problems are known to be prevalent.

An accompanying web-survey was used to enable customers who did not want to take part by telephone to provide information. The web-survey was a shortened version of the telephone survey, developed predominately to capture data from customers sufficient for an impact assessment of the PL Pathways process.

Contact information was supplied by the Department for Work and Pensions (DWP) from central records. Where correct information was available, the response rate to the survey was 64 per cent.

⁸ See Nice, Davidson and Sainsbury (2009), Hudson, Phillips, Ray, Vegeris and Davidson (2010), Nice, K. and Davidson, J. (2010) and Tennant, Kotecha and Rahim (2010).

⁹ In particular, see Hayllar, Sejersen and Wood (2010) and Bailey, Hales, Hayllar, Wood (2007).

1.4 Report conventions

1 The following conventions have been used within tables:

- No observations (zero value)

0 Non-zero values of less than 0.5 % (rounded to zero)

2 Because of rounding, row or column percentages may not add exactly to 100%.

3 Analysis excludes 'don't know' responses and other missing data unless otherwise stated.

4 All significance testing is at the 95% level unless stated otherwise.

[] is used to indicate a percentage based on fewer than 100 cases.

2 Customers' health and background characteristics

Summary

The Provider-led Pathways customer population was diverse and varied in their characteristics and circumstances:

- Three-quarters of customers reported having an ongoing health condition or disability at the time of the survey interview, whilst 94 per cent did so at the time of claim. Two-fifths (43 per cent) of customers stated (at time of interview) that their day to day activities were limited 'a great deal' by a health condition or disability.
- Roughly a third (30 per cent) of customers mentioned that their health had improved in the previous year, with a quarter (25 per cent) stating it had been getting worse.
- For two-fifths (42 per cent) of individuals, the effect of conditions on their activities improved over time. However, a majority of customers (53 per cent) saw no improvement in the effect of their conditions or saw a decline.
- Musculo-skeletal main or secondary conditions were the most common type to affect customers at the time of interview (33 per cent), but mental health problems or chronic/systemic conditions were common too (30 per cent and 28 per cent respectively).
- There were slightly more men than women in the Provider-led Pathways customer population (56 per cent male). The majority of customers (54 per cent) were aged 40 years and over, whilst a quarter of customers were aged 18 to 29.
- For just over two-fifths (42 per cent) of customers, their local area was ranked within the most deprived fifth of places in the UK. A high proportion of customers were renting from the council or social sector (37 per cent), whilst a similar proportion owned their property outright or with a mortgage (35 per cent).
- Around a quarter (28 per cent) of customers lived alone, whilst 38 per cent lived with a partner. Sixteen per cent lived with a partner and children, whilst one in ten customers (ten per cent) lived with children but no partner. Twenty-two per cent of customers had a partner in paid work at the time of the survey interview.
- About half of customers could be summarised as experiencing 'substantial work pre-claim' (54 per cent), whilst the remainder had 'fluctuating or limited work pre-claim'.
- Just under a quarter of customers (24 per cent) had basic skills problems; and compared to the general working age population in the UK, they were not particularly well qualified. Fifty-seven per cent were qualified to Level 2 or above (GCSE grades A-C) compared with 71 per cent of the working age population. A quarter of customers had no qualifications at all.

2.1 Customers' demographic and background characteristics

Provider-led Pathways customers were a diverse population in terms of their demographic and other background characteristics.

Table 2.1 The demographic and background characteristics of customers

	<i>Column %</i>
Customers in Provider-led Pathways areas (PLP customers)	
18 to 29 years	25
30 to 39 years	21
40 to 49 years	25
50 to 54 years	13
55 years and over	16
Gender	
Male	56
Female	44
Ethnicity³	
White	84
Black	5
Asian	8
Another group	4
Ethnicity (white/non-white)	
White	83
Non-white	17
Tenure	
Owned outright or mortgage	35
Renting – private	17
Renting – social or council	37
Other situation	12
Relative deprivation of area (quintiles within country)⁴	
1 Least deprived	6
2	11
3	17
4	24
5 Most deprived	42
<i>Weighted n (minimum)</i>	2,935
<i>Unweighted n (minimum)</i>	2,943

Notes:

¹ Base: all PLP customers.

² Minimum base presented.

³ Base for Ethnicity is customers responding to the telephone survey only (although Ethnicity (White/non-white) is customers who responded to the telephone or web survey.

⁴ Quintiles calculated separately within each country (England, Scotland and Wales).

As Table 2.1 demonstrates, the majority of Provider-led Pathways customers (54 per cent) were aged 40 years and over whilst a quarter were aged 18 to 29.

12 Customers' health and background characteristics

There were slightly more men than women (56 compared to 44 per cent).

The customers were predominantly of white ethnic background (84 per cent), with eight per cent from Asian and five per cent from black backgrounds (similar levels to the national population).

As with the Jobcentre Plus-led Pathways to Work populations, sizable proportions of Provider-led Pathways customers were renting from the council or social sector (37 per cent) or owned their property outright or with a mortgage (35 per cent).

Another indicator of the living situation of customers is the relative deprivation of their area of residence. The Social Disadvantage Research Centre at the University of Oxford has developed a five point scale of relative deprivation. The scale is developed and based on the Index of Multiple Deprivation, which combines a number of indicators chosen to cover a range of economic, social and housing issues, into a single deprivation score for each local area in England, Wales and Scotland. The indicators include: income, employment, health deprivation and disability, education, skills and training, barriers to housing and services, crime and living environment.

A sizable proportion (42 per cent), lived in the most deprived quintile of areas, and two-thirds (66 per cent) lived in the two most deprived quintiles.

The household structure or situation that customers lived in was varied (see Table 2.2).

Table 2.2 Household structure

	<i>Column %</i>
PLP customers	
Lives alone	28
Lives with partner and children	16
Lives with partner, no children	21
Lives with children, no partner	10
Other arrangement	24
Whether living with a partner	
Lives with partner	38
Does not live with partner ³	62
Whether living with a partner in paid work at survey interview	
Partner in paid work	22
Partner not in paid work	15
Does not live with partner ³	63
<i>Weighted n (minimum)</i>	3,032
<i>Unweighted n (minimum)</i>	3,033

Notes:

¹ Base: all PLP customers.

² Minimum base presented.

³ Slight difference in the proportion who did not live with a partner due to a slight difference in base size between the measures, resulting from 'don't knows' and 'refusals' among those recalling whether they had a partner in paid work.

Over a quarter (28 per cent) of Provider-led Pathways customers lived alone, whilst 38 per cent lived with a partner. Sixteen per cent lived with a partner and children, whilst one in ten customers (ten per cent) lived with children but no partner.

Twenty-two per cent of Provider-led Pathways customers had a partner in paid work at the time of the survey interview (60 per cent of customers with a partner).

2.2 Criminal convictions and drug use

The Department for Work and Pensions (DWP) is interested in collating data relating to any previous drug use and criminal convictions in order to ensure they are providing the best possible service to all their customers and as part of the survey, respondents were asked about these.

Table 2.3 Criminal convictions and drug misuse issues

	<i>Column %</i>
PLP customers	
Criminal record	9
Drug misuse	4
Neither	89
<i>Weighted n</i>	2,921
<i>Unweighted n</i>	2,934

Notes:

¹ Base: all PLP customers.

Nine per cent of Provider-led Pathways customers (see Table 2.3) reported having a criminal record, whilst four per cent said they had a drug misuse problem. Two per cent had both a criminal record and a drug misuse problem. The vast majority however (89 per cent) did not report having either.

2.3 Customers' work history, qualifications and skills

2.3.1 Pre-claim work history

Experience of the labour market, particularly recent experience, is likely to be a favourable factor for a successful return to work and is important in customers' interaction with the Provider-led Pathways programme.

Table 2.4 Customers' work history since the age of 18

	<i>Column %</i>
Segmented work history	
Substantial work pre-claim	54
Periods off work due to ill health	19
Fluctuating work – no health mention	14
More time unemployed than employed (no health mention)	5
Looked after children – no other mentions	5
Other situation	3
<i>Weighted n</i>	3,073
<i>Unweighted n</i>	3,075

Notes:

¹ Base: all PLP customers.

Customers were asked to summarise their experience of employment since they were aged 18 by selecting from a series of statements such as 'I spent most of my time in steady jobs' and 'I spent a lot of my time out of work due to illness, injury or a disability'. These have been prioritised and grouped to provide a segmentation of work histories in Table 2.4. As will be seen in later analysis, this segmentation can be further simplified into 'substantial work pre-claim' (accounting for 54 per cent of customers) and 'fluctuating or limited work pre-claim' (accounting for the remaining 46 per cent). It is clear from the segmentation that for a substantial proportion of new and repeat customers, worklessness has been a feature of their lives over the long-term.

2.3.2 Basic skills problems

Table 2.5 Basic skills problems

	<i>Column %</i>
PLP customers	
Problems with reading, writing and maths	5
Problems with reading and writing	17
Problems with maths	2
No problems with reading, writing and maths	76
<i>Weighted n</i>	2,027
<i>Unweighted n</i>	2,657

Notes:

¹ Base: PLP customers without sight problems.

Table 2.5 illustrates the basic skills problems amongst Provider-led Pathways customers. Almost a quarter of customers (24 per cent) had basic skills problems (i.e. problems with reading, writing or maths), including 17 per cent who had difficulties with reading and writing.

2.3.3 Qualifications

Table 2.6 Qualifications

	<i>Column %</i>
PLP customers	
Qualifications	
Academic and vocational qualifications	35
Academic qualifications only	24
Vocational qualifications only	17
No qualifications	25
Qualifications (NVQ equivalent) ³	
NVQ Level 5 (or equivalent)	2
Level 4	15
Level 3	14
Level 2	25
Level 1	7
Unclassified qualification	11
No qualification	25
<i>Weighted n (minimum)</i>	<i>3,011</i>
<i>Unweighted n (minimum)</i>	<i>3,017</i>

Notes:

¹ Base: all PLP customers.

² Minimum bases presented.

³ NVQ equivalents: Level 2= GCSE grade A-C, Level 4 = first degree.

Looking at the qualifications held there was considerable variation amongst customers (see Table 2.6). A third (35 per cent) had both academic and vocational qualifications, whilst a quarter had no qualifications.

Provider-led Pathways customers were not particularly well qualified compared to the general working age population in the UK. Fifty-seven per cent were qualified to Level 2 or above (GCSE grades A-C) compared to seven in ten (71 per cent) of the working age population¹⁰.

2.4 Health characteristics

Health and disability is a key defining characteristic of the incapacity benefits customer population and it is one of the main focuses of the Pathways to Work programme. The survey data enables the customers 'at claim' and 'at interview' general health situation to be explored, along with the types of condition suffered from and changes over these two points of time.

¹⁰ Department for Innovation, Universities and Skills (2008) Statistical First Release: The level of highest qualification held by adults England 2007 (revised).

2.4.1 'At claim' and 'at interview' health situation and condition or disability types

Table 2.7 'At claim' and 'at interview' health situation

PLP customers	At claim	At interview	Column %
Health condition			
Had health condition	94	75	
No health condition	6	25	
Limitation on everyday activities of health condition/disability			
Limited a great deal	76	43	
Some effect	18	30	
No condition/no effect	6	27	
<i>Weighted n (minimum)</i>	2,979	3,055	
<i>Unweighted n (minimum)</i>	2,972	3,054	

Notes:

- ¹ Base: all PLP customers.
- ² Minimum base presented.
- ³ Customers with no condition are placed in the No condition/no effect category.

Table 2.7 shows that 'at claim', nearly all customers (94 per cent) reported having a health condition or disability that affected their everyday activities. Moreover, the large majority of customers (76 per cent) stated that their health condition at claim limited their everyday activities 'a great deal', whilst almost one-fifth (18 per cent) said their condition had 'some effect'.

By the time of the survey interview (about 14 months on average after their claim for benefits), there had been some notable changes in the health situation of customers. Table 2.7 shows that whilst the large majority of customers – three-quarters, stated they had a health condition, a quarter did not.

The proportion of customers who stated that their health condition limited their everyday activities 'a great deal' also fell considerably from 76 per cent to 43 per cent whilst a much higher proportion stated that their condition had 'some effect' (30 per cent up from 18 per cent). This suggests that there had been, on average, improvements in health in the year after their claims for benefit.

A small group of customers (five per cent) stated they did not have a condition (that affected their everyday activities) at either the time of claim or at the time of interview.

Table 2.8 Types of main health conditions and disabilities at claim

Main condition at claim	<i>Column %</i>
Musculo-skeletal	31
Mental health	33
Chronic/systemic	21
Sensory impairment	1
Learning difficulties	0
Other health condition or disability	10
None	6
<i>Weighted n (minimum)</i>	2,910
<i>Unweighted n (minimum)</i>	2,915

Notes:

- ¹ Base: all PLP customers.
- ² Some conditions in more than one category.
- ³ Minimum bases presented.
- ⁴ Multi-coded.

Along with whether they had a health condition or disability, the types of condition customers suffered from at both claim and at interview were also recorded.

Customers were asked to state their main health condition, which were then classified into the categories listed below, (shown together with examples of the conditions they represent). It is important to note that some customers had health conditions that could be placed into multiple categories and that because of this, significance testing throughout the report is on those **with** and **without** each condition type, not between conditions:

- **Musculo-skeletal** (arthritis, back problems, physical injuries).
- **Mental health** (depression, anxiety attacks, schizophrenia, alcoholism, drug addiction).
- **Chronic/systemic** (angina, asthma and other chest conditions, cancer and other progressive conditions, Crohn's and other bowel or digestive conditions, heart conditions, skin conditions).
- **Sensory impairment** (sight, hearing problems).
- **Learning difficulties** (dyspraxia, dyslexia).
- **Other condition or disability** (Asperger syndrome, speech problems, obesity).

Table 2.8 shows that at the time of the claim, the most common **main** health conditions that customers suffered from were mental health (33 per cent) and musculo-skeletal conditions (31 per cent). Over a fifth of customers (21 per cent) were dealing with 'chronic/systemic' conditions.

Table 2.9 'At interview' types of main and secondary health conditions and disabilities

	Main condition at interview	Main or secondary condition at interview	<i>Column %</i>
Musculo-skeletal	25	33	
Mental health	24	30	
Chronic/systemic	18	28	
Sensory impairment	1	3	
Learning difficulties	0	1	
Other health condition or disability	9	15	
None	26	26	
<i>Weighted n (minimum)</i>	3,023	3,023	
<i>Unweighted n (minimum)</i>	3,023	3,023	

Notes:

- ¹ Base: all PLP customers.
- ² Some conditions in more than one category.
- ³ Minimum bases presented.
- ⁴ Multi-coded.

Customers were also asked to state what their **main** as well as **secondary** (or other) health conditions or disabilities were at the time of the interview (see Table 2.9).

At the time of the interview, the most common **main** health conditions that customers suffered from were again mental health (24 per cent) and musculo-skeletal conditions (25 per cent), though the latter were now the most common.

Amongst **main** or **secondary** conditions at the time of interview, musculo-skeletal conditions were the most common type to affect customers (33 per cent), with sizable proportions also suffering from mental health problems or chronic/systemic conditions (30 per cent and 28 per cent respectively).

2.4.2 Changes in customers' health situations

In addition to the state of health at a particular point in time as well as the type of condition, a further dimension of health conditions likely to affect customers' engagement with the programme and ultimately their work outcomes, is the improvement or deterioration in health over time. This was found to be the case in earlier reports from the Pathways evaluation (Bailey *et al.*, 2007; and Corden and Nice, 2006).

Table 2.10 Self-assessed change in general health since claim

	<i>Column %</i>
PLP customers	
Self-assessed change in general health since claim	
Been getting better	30
Been getting worse	25
Stayed about the same	22
Been changeable	23
<i>Weighted n</i>	3,055
<i>Unweighted n</i>	3,054

Notes:

¹ Base: all PLP customers.

As Table 2.10 shows, there were differences between customers in terms of whether they felt that their health had improved (been 'getting better') or deteriorated (been 'getting worse') in the year since their claim. Nearly a third of customers (30 per cent) stated that their general health had been 'getting better' whilst 22 per cent said it had stayed 'about the same'. However, one quarter of customers (25 per cent) reported that it has worsened in the year since their claim.

Table 2.11 Changes in health: nine categories

	<i>Column %</i>
PLP customers	
Health changes since claim (based on effect movements)	
Continued good health (net)	6
No condition/effect at claim and at interview	6
Improvements in health – no condition/no effect (net)	22
Changed from some effect at claim to no condition/effect at interview	5
Changed from great effect at claim to no condition/effect at interview	17
Improvements in health – from great effect to some effect (net)	20
Changed from great effect at claim to some effect at interview	20
Continued poor health, or declining health (net)	53
Some effect at claim and at interview	10
Great effect at claim and at interview	39
Changed from no condition/no effect at claim to some effect at interview	1
Changed from no condition/no effect at claim to great effect at interview	0
Changed from some effect at claim to great effect at interview	3
<i>Weighted n</i>	2,961
<i>Unweighted n</i>	2,964

Notes:

¹ Base: all PLP customers.

Responses to questions about the effect of conditions on everyday activities at the point of claim and the point of interview can be combined to derive a 'health trajectory' measure – one that incorporates both the effect of health conditions and the direction of change.

The measure described in Table 2.11 takes the three-category description of the effect of health conditions on day-to-day activities at the point of claim ('limited a great deal', 'some effect' and 'no condition/no effect') and traces the position at the point of the survey interview using the same categories (making nine possible combinations in all). Recognising the importance of the direction of change, the nine categories are grouped to form four broader categories of health trajectory for analysis.

As Table 2.11 shows, there was a broad spread of health trajectories amongst customers. A small group of customers (six per cent) were not affected by a health condition either at the point of claim or the point of interview (although some in this group may have seen their conditions fluctuate over that time).

For two-fifths of individuals, the effect of conditions on their activities improved over time, with customers either seeing improvements in health to no condition/no effect (22 per cent) or improvements in health from great effect to some effect (20 per cent).

However, over half (53 per cent) saw no improvement in the effect of their conditions or saw a decline (i.e. they had continued poor health; or declining health).

In line with the aim that Pathways provides tailored support to individuals, we would expect these background health trajectories to be significant factors in explaining the level and nature of engagement with the programme, as well as work outcomes. These associations are explored in the following chapters.

3 Jobcentre Plus contact

Summary

The majority of customers had some interaction with the Provider-led Pathways programme:

- Just over two-thirds (68 per cent) of customers had an initial Work Focused Interview (WFI) with an Incapacity Benefit Personal Adviser (IBPA) at the Jobcentre Plus.
- Only 14 per cent of those who did not attend a Jobcentre WFI recalled being asked to attend, with the large majority (86 per cent) not being asked. Most of this group are likely to have flowed off incapacity benefits (into work or onto other benefits, such as JSA).
- However, the majority of customers who were invited but did not attend had come to an agreement not to (60 per cent) with the most common reasons being that their health was not good enough (36 per cent) and that they were not told they had to go (19 per cent).
- Customers' health situation was paramount to understanding their participation. In summary those in better health at the time of their claim were less likely to attend a WFI than those in worse health. Forty nine per cent of those with no condition or one with no effect on their everyday activities attended compared to 70 per cent of those whose health affected them a great deal. Moreover, customers who were in 'continued good health' (i.e. had no condition or one with no effect at the point of claim and at interview) were the least likely to participate in the initial WFI (46 per cent) and this was confirmed by multivariate analysis.
- The type of main condition at claim was important too – with those with a mental health issue more likely to have attended a WFI (74 per cent did) than those with other types of condition (compare with 69 per cent for those whose main condition was musculo-skeletal). Multivariate analysis confirmed this finding.
- Multivariate analysis also confirmed that tenure and household structure or status were important to understanding attendance. Customers who were renting privately were less likely to attend than customers renting social or council housing, or living in 'other' situations.
- Customers who lived with a working partner and children were less likely to have attended a Jobcentre WFI than those who lived alone; lived with children, but no partner; those who lived in an 'other' household structure and finally lived with a working partner, but no children.

3.1 The role of Jobcentre Plus in Provider-led Pathways

Within the Provider-led Pathways to Work (PL Pathways) areas, Jobcentre Plus is the first contact point for customers involved in the programme.

The role of Jobcentre Plus is to administer the process of claiming for incapacity benefit, and initiate customers' participation in the PL Pathways programme by having an IBPA carry out an initial WFI with customers between eight and thirteen weeks after their claim.

This is a mandatory meeting for those asked to attend. This WFI was to be used to discuss the customer’s work, health and other circumstances and assess (through the use of a screening tool and application of a waiver and deferral facility) whether they should take part in further WFIs with a Provider.

The IBPAs’ role was to refer customers, as appropriate, to a local Provider for up to five further mandatory WFIs and further voluntary tailored services. Customers who were ‘screened out’ could still participate voluntarily.

The screening process aimed to move those deemed ‘close to work’ off the mandatory element of the programme on the basis that resources were better targeted at those in greater need of assistance. Similarly, those customers with manifestly serious health conditions or disabilities or other particular circumstances were not required to take part in further meetings.

Non-attendance (or non-compliance) at this initial WFI or any subsequent mandatory WFIs with a Provider could result in deductions from benefit (sanctions) applied by Jobcentre staff.

3.2 Extent of attendance at Jobcentre Plus WFIs

Table 3.1 Attendance at Jobcentre Plus WFI

	<i>Column %</i>
PLP customers	
Whether attended a WFI with Jobcentre Plus adviser	
Yes	68
No	32
<i>Weighted n</i>	2,853
<i>Unweighted n</i>	2,859

Notes:

¹ Base: all PLP customers.

Customers were asked whether they recalled meeting with an adviser at Jobcentre Plus at their offices (or another location) since their claim for benefit. Where this was the case, this meeting was assumed to be the initial Jobcentre Plus WFI in the following analysis (although it is possible that they were not classified as such by Jobcentre Plus).

Table 3.1 shows that more than two-thirds (68 per cent) of customers recalled having attended a WFI with a Jobcentre Plus adviser, which is a higher proportion than was recorded in administrative records. The Department for Work and Pensions (DWP) analysis of records for customers who claimed IB in the same period as customers in the survey sample suggested that 44.2 per cent attended a WFI¹¹. There is possible under-recording in the administrative data, but it is also likely that a proportion of the meetings picked up by the survey questions were not official Jobcentre Plus WFIs. However, for the purposes of the analysis in this report, meetings with a Jobcentre Plus adviser as identified in the survey are referred to as the initial WFI.

¹¹ DWP Administrative data suggests that of those making a claim for incapacity benefits in phase one areas between 1 April 2008 and 30 June 2008 (42,630 customers), 44.2 per cent (18,820 customers) had an initial WFI with Jobcentre Plus (by 30 September 2009).

It was expected that in some cases the Jobcentre WFI might take place in the offices of the Provider organisations. Amongst customers who attended a WFI, 92 per cent said that they had met the adviser at the Jobcentre Plus office, with eight per cent stating that the meeting had taken place at another location.

3.3 Explaining attendance at the initial Jobcentre Plus WFI

3.3.1 Reasons for non-attendance

Whilst most customers who made a claim for incapacity benefits were expected to attend the initial WFI with an IBPA at the Jobcentre, this was not required of all customers and there were reasons to expect non-attendance. As Table 3.1 showed, a third of all customers did not attend.

During the period that the survey sample members were interacting with the Provider-led Pathways process (from around April 2008 to the end of 2008) the key reasons why customers would not have attended a Jobcentre WFI include:

- **Flowing off benefit:** some would have flowed off Incapacity Benefits before the initial WFI and therefore were not required to participate in Provider-led Pathways¹².
- **Deferrals and waivers:** Jobcentre staff could have deferred or waived the customer from having to attend the WFI as a consequence of their health or other circumstances when making their claim. A deferral was an agreed delay to when the customer had to attend the initial WFI, whilst a waiver was a waive of the requirement to attend the series of additional mandatory Provider WFIs (customers could access Provider services as voluntary clients). A decision to waive could have been taken at any stage in the process including prior to the initial WFI¹³.
- **Personal Capability Assessment (PCA) exempt and successful PCA decisions:** around two per cent of customers with particular health conditions or situations (such as being blind or terminally ill) were PCA exempt, meaning they were not required to undertake this assessment of their ability to work and not required to go through the mandatory WFI process. Alternatively, depending on the timing of the PCA in relation to the Jobcentre WFI (which should come first), some customers would have scored enough points to satisfy the PCA and prove that they are incapable for work and therefore were not required to go through the mandatory WFI process. In both these situations customers were able to elect to participate voluntarily in the Pathways process.
- **Age:** Customers might have reached the qualifying age (60 years) for pension credit by the time of their initial Jobcentre WFI and were therefore not required go through the mandatory WFI process.
- **Non-compliance:** Customers might have decided they did not want to participate in the WFI process and failed to attend meetings with the possibility of these customers facing a sanction of reduced benefits for non-compliance.

¹² Administrative data shows that around seven and 16 per cent of claimants flow off benefit by weeks 8 and 13 of their claim starting (the anticipated time period for the initial Jobcentre Plus WFI is between week 9 and 13 of the claim start). Also, a further seven per cent moved to JSA within 13 weeks of starting their claim.

¹³ Administrative data suggest that around ten per cent of those making a claim for incapacity benefits in phase one areas between 1 April 2008 and 30 June 2008 could have had their initial WFI waived.

In addition, there was the possibility of the accidental exclusion of ‘eligible’ customers, where customers were mistakenly not informed about the WFI process (or Providers) by Jobcentre Plus staff or correspondence about the process failed to reach the customer.

This report provides the user-perspective of non-attendance and cannot fully establish reasons for non-attendance of WFIs, but customers’ own experiences are explored and the characteristics of those who did and did not attend are examined.

Customers who did not recall attending a WFI at Jobcentre Plus (32 per cent of all customers) were questioned about whether they were asked to attend a meeting either by telephone or by letter. Only 14 per cent of those who did not attend a Jobcentre WFI recalled being asked to attend, with the large majority (86 per cent) not being asked (or 28 per cent of all customers).

Most of this shortfall will be accounted for by one of the reasons outlined above (particularly the flow off incapacity benefits) but the survey data does not capture information to verify this. Among the remainder, some will not have recalled contact that did in fact take place whilst others may not have been successfully contacted by Jobcentre Plus. In either case, the lack of recall of the process perhaps indicates that these customers might not have been subject to extensive efforts to draw them into the WFI process (for instance the threat or use of sanctions).

Table 3.2 Reasons for non-attendance at Jobcentre Plus WFI among those who recalled being invited

	<i>Column %</i>
Reasons for not attending	
Your health wasn’t good enough	36
You were not told you had to go	19
You had a job lined up	17
You stopped getting Incapacity Benefit (IB)	14
Your health improved so you didn’t need to go	10
The service didn’t meet your needs	8
They cancelled the meeting	6
You weren’t going to look for work (for another reason)	6
It was too far or inconvenient	3
Will attend further meetings in future	2
Forgot to attend meetings	-
Meetings were deferred until needed	-
Had private, personal or family event or responsibility	-
Went to receive medical/health treatment	-
Nearing retirement/retired	-
Other reason	4
No particular reason	3
<i>Weighted n</i>	<i>121</i>
<i>Unweighted n</i>	<i>122</i>

Notes:

¹ Base: PLP customers who did not attend Jobcentre Plus WFI but asked to attend.

² Multi-coded.

Customers who did recall being invited to attend but who did not attend a WFI (four per cent of all customers) were asked whether they had come to an **agreement** not to attend with Jobcentre Plus staff. The majority had (60 per cent). The most common reasons (see Table 3.2) were that their health was not good enough (36 per cent) and that they were not told they **had** to go (19 per cent). These and reasons such as having a job lined up are consistent with the process of waiving and deferral that IBPAs were expected to operate for customers in particular situations.

3.3.2 The importance of health in explaining attendance

Table 3.3 Attendance at Jobcentre Plus WFI, by health characteristics

	<i>Row %</i>		
		Attended Jobcentre Plus	
	WFI	Weighted n	Unweighted n
Limitation on everyday activities of health condition/ disability (at claim)			
Limited a great deal	70	2,148	2,169
Some effect	64	498	495
No condition/no effect	49	181	169
Health changes since claim (based on effect movements)			
Continued good health	46	153	141
Improvements in health – no condition/no effect	62	627	592
Improvements in health – from great effect to some effect	71	567	572
Continued poor health, or declining health	71	1,473	1,520
Main condition at claim			
Musculo-skeletal	69	872	945
Mental health **	74	920	805
Chronic/systemic	66	589	642
Other health condition or disability *	63	280	294
None	47	157	144

Notes:

¹ Base: all PLP customers.

² Note that significance testing is on those with and without each condition type, not between conditions.

³ Sensory impairments and learning difficulties bases are too small to report (< 50 cases).

* significant at the 90 per cent level (whether they had this condition or not).

** significant at the 95 per cent level (whether they had this condition or not).

Musculo-skeletal, chronic/systemic and none not significant (whether they had this condition or not).

Customers' health situations were key to understanding their participation in the Pathways to Work programme. In summary, Table 3.3 shows that customers who were in better health at the time of their claim were **less** likely to attend a WFI at Jobcentre Plus than those in worse health.

Just under half of customers with no condition or one with no effect on their everyday activities at claim (49 per cent) attended a WFI compared to nearly three-quarters of customers (70 per cent) whose health affected them a great deal (who were also found to be the most likely to have been invited but did not attend). Customers who were in 'continued good health' (i.e. had no condition or one with no effect at the point of claim and at interview) were the least likely to participate in the Jobcentre Plus WFI (46 per cent).

Part of the explanation for those in better health not attending, may be that such customers move quickly onto other benefits (for instance Jobseekers Allowance (JSA)) as their health does not qualify them for IB, or they move off benefits completely and find work quickly. However, it may also reflect a view amongst this group that they do not need the assistance being offered to return to work or that they face barriers to work that they feel the Jobcentre or Provider might not be able to assist with and so they are selecting themselves out of WFIs.

The importance of the customers' health situation was confirmed using multivariate analysis (stepwise logistic regression) which explored the association between having attended a Jobcentre Plus WFI (the dependent variable) and factors such as health status, demographic characteristics and work history¹⁴.

This multivariate analysis confirmed firstly, that health trajectory was the most important factor in explaining attendance; and that customers being in 'continued good health' were less likely to have attended a Jobcentre WFI than those with other health scenarios.

Table 3.3 also illustrates some relationship between attendance at the Jobcentre Plus WFI and the main health condition at claim. Customers with a mental health issue as their main condition at claim were more likely to have attended a meeting than those without mental health conditions or those with other types of main condition (74 per cent compared with 69 per cent among those whose main condition was musculo-skeletal). The multivariate analysis confirmed this finding.

3.3.3 Other characteristics

As well as health, other factors were important to understanding attendance and these are shown in Table 3.4.

There was little difference in the attendance at the initial Jobcentre WFI across the different age groups, although younger customers (those aged 18 to 29) were somewhat less likely to have attended compared to other age groups (62 per cent compared to 69 per cent of those aged 55 and over). It might have been anticipated that those aged 55 and over would be less likely to consider WFIs relevant to their situation, but there was no evidence of this.

Customers from 'white' backgrounds were more likely to have attended a WFI (69 per cent) than those from other ethnic backgrounds.

Customers who lived in social or council housing were more likely to attend a WFI (71 per cent) than those renting in the private sector (63 per cent). The multivariate analysis confirmed the importance of tenure in explaining the WFI attendance. Customers who were renting privately were less likely to attend than customers renting social or council housing, or living in 'other' situations.

There were associations too with household structure. Customers who lived with a partner and children were less likely to have attended a meeting than those living alone (61 per cent and 71 per cent respectively).

¹⁴ Multivariate analysis allows consideration of the association of one variable while holding others constant and it excludes variables that do not contribute to explaining differences in the dependent variable (in this case whether they attended a WFI). In the appendix are the results of the logistic regression analysis presented in the form of odds ratios. An odd ratio is a relative measure of risk, telling us how much more likely it is that someone with a particular characteristic (for example, whether they lived alone) will experience a particular outcome as measured by the dependent variable.

Table 3.4 Attendance at Jobcentre Plus WFI, by key background characteristics

Attended Jobcentre Plus	WFI	Weighted n	Unweighted n	<i>Row %</i>
Age				
18 to 29 years	62	709	537	
30 to 39 years	68	573	499	
40 to 49 years	70	718	786	
50 to 54 years	70	354	429	
55 years and over	69	453	567	
Ethnicity*				
White	69	2,379	2,409	
Black	65	138	137	
Asian	61	179	166	
Another group	[60]	104	97	
Household structure				
Lives alone	71	810	809	
Lives with partner and children	61	453	443	
Lives with partner, no children	67	600	693	
Lives with children, no partner	69	285	269	
Other arrangement	69	694	633	
Whether living with a partner				
Lives with partner	64	1,053	1,136	
Does not live with partner	70	1,788	1,711	
Whether living with a partner in paid work at survey interview				
Partner in paid work	63	638	707	
Partner not in paid work	66	406	420	
Does not live with partner	70	1,788	1,711	
Tenure				
Owned outright or mortgage	65	1,007	1,102	
Renting – private	63	463	438	
Renting – social or council	71	1,033	1,013	
Other situation	71	322	279	

Notes:

¹ Base: all PLP customers.

* significant at the 90 per cent level only.

Customers who lived with a partner were less likely to have attended than those who did not live with a partner (64 per cent attended compared to 70 per cent). Moreover, customers who lived with a partner who was in paid work at the time of survey interview were less likely to attend the initial WFI than those with partners who were not in paid work (and those customers with no partner) (63 per cent attended compared to 66 per cent and 70 per cent respectively). Multivariate analysis confirmed household status to be associated with attendance, and also the direction of the relationships described.

Interestingly, there was no statistically significant difference in attendance at the initial Jobcentre Plus WFI between those with different work histories (i.e. whether they had 'substantial work pre-claim' or 'fluctuating or limited work pre-claim' did not seem to matter).

This does however fit with the idea that the purpose of the initial WFI is to discuss and assess the customer's work background rather than available information about this being acted upon by Jobcentre Plus staff at an earlier stage (i.e. it is not before the initial WFI that decisions on customers' programme participation based on work experience are made, but during and following the meeting).

It may also suggest that customers were perhaps not basing a decision about attendance at the initial WFI on their own employment history or background, but on other factors.

4 Provider contact

Summary

- Around two-fifths of customers (41 per cent) attended a Work Focused Interview (WFI) with a Provider. In total, more than half of customers (53 per cent) who attended a Jobcentre WFI attended Provider WFIs.
- The pattern of attendance at multiple WFIs in Provider-Led areas is distinct from that observed in the Jobcentre Plus-led areas. Twenty-three per cent attended the intended six WFIs in the Provider-Led areas (including one WFI at Jobcentre Plus) compared with 14 per cent in Jobcentre Plus-led areas.
- As intended by design, Jobcentre Plus did not refer all customers to Providers. There was an association with health characteristics that may relate to use of a screening tool – those in better health (or closer to work) were to be screened out. However, there was no association between customers being told they **had** to go to Providers and their health situations.
- Half of customers (49 per cent) who attended a Jobcentre Plus WFI were told by their IBPA they **had** to attend further meetings with a Provider, whilst 11 per cent recalled being told about further meetings.
- The large majority of customers (77 per cent) who attended Provider WFIs saw them as compulsory part of their claim for benefits.
- Customers in better health were less likely to attend Provider meetings than those with poorer health (although health problems were the most prominent reason for not attending WFIs). Multivariate analysis confirmed that customers in ‘continued poor or declining health’ were more likely to have attended a Provider WFI than those with (in order of least likely to attend): ‘continued good health’ or those with ‘improvements in health – no condition/no effect’.
- Customers with a mental health condition were more likely to attend Provider WFIs than those without mental health conditions (47 per cent compared to 36 per cent).
- Multivariate analysis also confirmed the importance of household structure in helping to explain attendance (the most important factor). Customers who lived alone were more likely to have attended a Provider WFI than those in living in other situations. The customers’ tenure and age were also important factors in understanding attendance.
- The customers’ previous employment seems to have had less influence on their involvement with the programme than expected – both for referral and attendance: there were only negligible differences in the recollection of whether they were told they had to attend further Provider WFIs according to their work history. Also customers with ‘substantial work pre-claim’ were only slightly less likely to have attended Provider WFIs than those with fluctuating or limited work pre-claim (38 per cent attended a meeting compared to 42 per cent).

4.1 Attendance at Providers

Within the Provider-led Pathways to Work (PL Pathways) areas, it was expected that customers would attend up to five mandatory WFIs (at four-week long intervals) with a Provider as long as they remained claiming incapacity benefits. These meetings were expected to operate much like WFIs following the initial screening WFI in Jobcentre Plus areas, with the Provider advisers discussing with

the customer their health and work situation and the best approach to help them back into work through the development of plans of action.

Provider advisers were also expected to refer customers, where appropriate, to other work-related services or workshops to help them prepare to go back to work which were either run by the providers or their partner organisations. Providers could also refer customers to specialist health management services if deemed appropriate.

Taking part in these additional services were voluntary (only the attendance at the WFI was mandatory for customers) and the customer could opt whether to take part or not (similar to customers having the ability to choose to participate in the Choices package in the Jobcentre-Plus led Pathways to Work areas).

4.1.1 Extent of attendance

Table 4.1 Attendance at Provider WFIs

	<i>Column %</i>
PLP customers	
Whether attended a WFI at a Provider organisation	
Yes	41
No	59
Weighted n	2,842
Unweighted n	2,844

Notes:

¹ Base: all PLP customers.

According to survey data¹⁵, just over two-fifths of customers (41 per cent) recalled having attended a WFI with a Provider (see Table 4.1) as part of PL Pathways.

This is a higher proportion of customers than was recorded in administrative records: Department for Work and Pensions (DWP) analysis of records for customers who claimed Incapacity Benefit (IB) in the same period as customers in the survey sample suggested that 30 per cent registered with a Provider, whilst just under 26 per cent (25.8 per cent) attended the first WFI¹⁶. This is likely to be for several reasons. First, there is possible under-recording in the administrative data and it is also likely that a proportion of the meetings picked up by the survey questions and analysed here as WFIs were not official Provider WFIs. Second, it is also likely that a proportion of the WFIs as determined by the survey are customers' attending WFIs on a voluntary as opposed to mandatory basis.

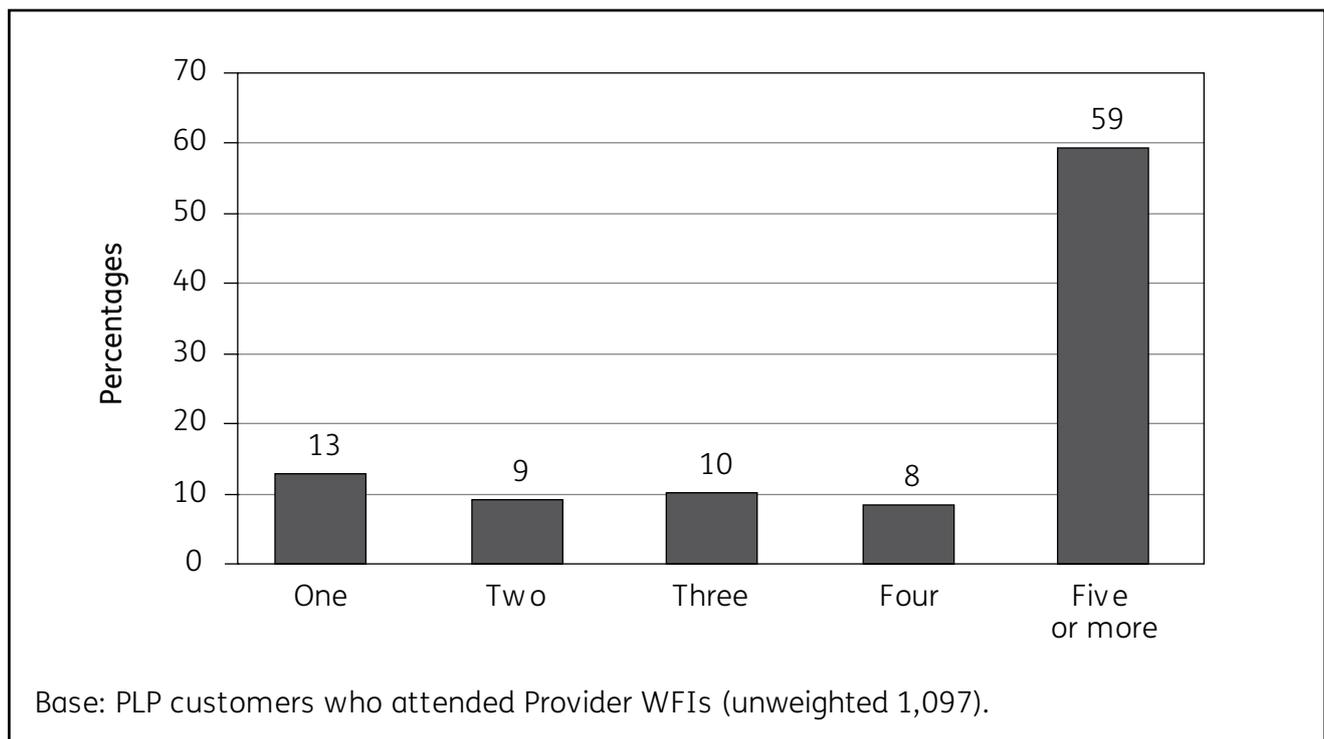
¹⁵ If the customers recalled such meetings as well as confirmed that they (a) went to them as part of their claim for incapacity benefits; and that (b) they were mainly about preparing for work, then the meetings were assumed to be WFIs at a Provider (although it is possible that they were not classified as such by the Provider).

¹⁶ Administrative data suggests that of those making a claim for incapacity benefits in phase one areas between 1 April 2008 and 30 June 2008 (42,630 customers), 30 per cent (15,790 customers) registered with a provider, and 25.8 per cent (11,000 customers) attended a first mandatory provider WFI (by 30 September 2009).

4.1.2 Number of Provider WFIs attended

Once referred on to the programme at the initial Jobcentre Plus WFI, customers were expected to attend five mandatory WFIs at monthly intervals during their time with the Provider (unless they moved off incapacity benefits, for example due to a switch to other benefits or a move into paid work; or these WFIs were waived or deferred by the provider advisers). Some customers were able to attend meetings with a Provider and use their services on a voluntary basis.

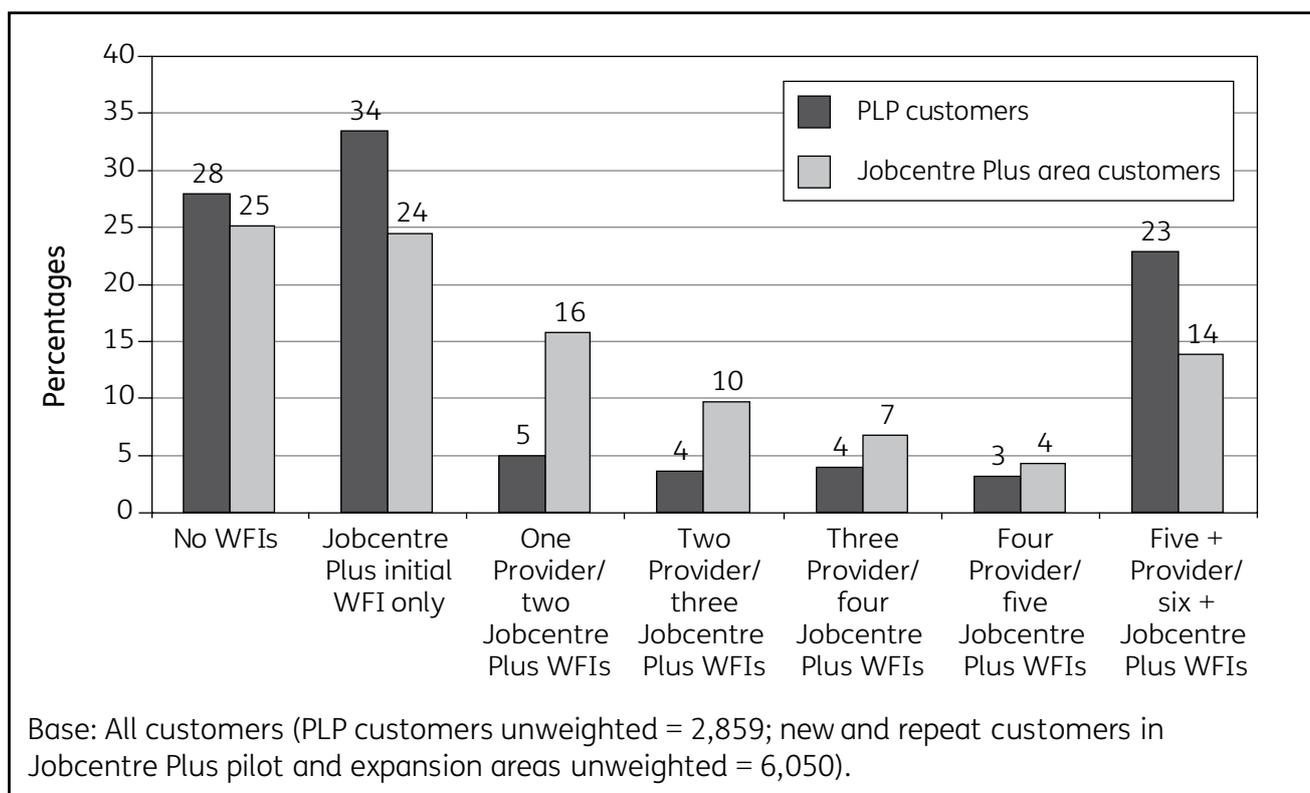
Figure 4.1 Number of Provider WFIs attended among those dealing with a Provider



As noted previously, two-fifths of customers attended at least one WFI with a Provider. Figure 4.1 shows the number of WFIs attended amongst that group. The striking pattern is that most Provider service users (59 per cent) attended the required five or more WFIs.

This would seem to indicate a degree of success on the part of Providers in encouraging engagement with the programme. It may reflect a greater focus among Providers on ensuring customers finish the sequence of WFIs as a strategy for maximising work outcomes (in the context of payment by results), or be the response of customers to the approach taken to the meetings more generally.

Figure 4.2 Number of WFIs attended amongst Provider-led Pathways and Jobcentre Plus Pathways areas customers



The pattern of attendance at multiple WFIs in Provider-led Pathways areas is distinct from that observed in the Jobcentre Plus-led areas. Figure 4.2 shows that, of all customers, 23 per cent attended the intended six WFIs in the Provider-Led areas (including the initial WFI at Jobcentre Plus) compared with 14 per cent in Jobcentre Plus-led areas. Customers in Jobcentre Plus areas were more likely to stop attending WFIs after two, three or four meetings than those in Provider-Led areas.

However, customers in Jobcentre Plus-led areas were somewhat more likely to have progressed beyond the initial WFI. Half of Jobcentre Plus customers went on beyond this point compared to two-fifths of those in Provider-Led areas. A slightly higher proportion attended no WFIs in Provider-led Pathways areas (28 per cent¹⁷ compared to 25 per cent).

The effect of a higher likelihood to attend multiple WFIs on customer assessments of the services provided is considered in Chapter 6. Extended contact may produce benefits in terms of better relationships with advisers and more time for changes to occur during the relationship. However, it may be that in Jobcentre Plus areas advisers were effective in the use of discretion to waive further WFIs for customers who it was unlikely could be further helped towards work.

It is also possible that the apparent higher level of attendance masks 'parking' by Providers of groups of customers who are harder to help. This could occur where customers continue to be asked to attend meetings, but these are cursory and do not lead to significant assistance. This concern was raised by earlier qualitative work¹⁸ and is explored in the following chapter in relation to the nature of the services accessed for different groups.

¹⁷ Note that this figure includes WFIs at either Jobcentre Plus or Providers.

¹⁸ Hudson *et al.*, (2010) and Tennant *et al.*, (2010).

4.2 Routes to attendance at the Provider

4.2.1 Screening and referral by Jobcentre advisers

It was expected that customers would access Provider services following a referral by their Jobcentre Plus adviser¹⁹. A key part of the role of IBPAs at the Jobcentre during the initial WFI was to assess customers' situations and refer them as appropriate to a local Provider for up to five further mandatory WFIs and further voluntary tailored services.

During the period that our sample of customers was involved with Pathways it was anticipated that some would be screened out of the mandatory WFI process using a web-based 'screening tool'²⁰. This screening tool aimed to identify those who were 'close to work' and therefore less likely to require the Pathways programme. It contained questions related to the circumstances and characteristics of customers including details about their:

- age;
- number of children;
- partner status;
- work history;
- qualifications;
- expectations on when they might return to work; and
- health status and condition type.

Similarly, those customers who actually attended the initial Jobcentre WFI but had manifestly serious health conditions or disabilities were not required to take part in further meetings on a mandatory basis. This means that customers at both ends of the spectrum in terms of health situation may be screened out from having to attend on a mandatory basis (both groups were still entitled to participate on a voluntary basis).

Jobcentre Plus advisers could also waive or defer the requirement to participate in five mandatory WFIs at a Provider, if they did not seem appropriate for the customers because of their circumstances. Providers had scope to do this too.

¹⁹ A small proportion of survey respondents (five per cent) mentioned that they had accessed the Provider without recalling that they had had a meeting at Jobcentre Plus. This may be possible for some voluntary clients but may also be related to recall error.

²⁰ The Screening tool was a questionnaire into which IBPAs input claimants' answers. These answers were then converted into a score that estimated the probability of the customer still being on benefit in 12 months time without further mandatory activity. Those deemed likely to benefit from the Pathways programme (and thus screened in), or too ill or very close to the labour market (and not screened in). Those most likely to leave benefit without additional help were not required to attend further mandatory WFIs, but were entitled to participate on a voluntary basis. The tool was discontinued in October 2008.

Table 4.2 Jobcentre Plus referral to Provider organisations

	<i>Column %</i>
PLP customers	
Whether Jobcentre Plus adviser told customer about further WFIs with a Provider	
Customer told they would have to attend further 'work and health related' meetings (WFIs) with a Provider	49
Adviser mentioned meetings with another organisation	11
No mention of further meetings with other organisations	40
<i>Weighted n</i>	1,859
<i>Unweighted n</i>	1,869

Notes:

¹ Base: PLP customers who attended Jobcentre Plus WFI.

Although customers were not asked directly whether a screening tool was applied to them (on the basis that they were unlikely to know), some indication of the results of any such process is provided by whether they recall being referred by an adviser to further meetings about their health and preparation for work with a Provider.

Table 4.2 shows that half of customers (49 per cent) recalled being told they **had** to attend further meetings, with a further 11 per cent recalling being told about further meetings without this stipulation.

Two-fifths of customers (40 per cent) who attended the initial Jobcentre WFI did not recall being told about Providers. For this group, the reason may relate to the screening process or recall error. The later sections of this chapter investigate this with reference to the relationship between the referral to providers and customers' health and other characteristics.

Table 4.3 Attendance at Provider WFIs, by Jobcentre Plus referral to Provider organisations

	Whether Jobcentre Plus adviser told customer about further WFIs with a Provider			<i>Column %</i>
	Customer told they would have to attend further WFIs	Adviser mentioned meetings with another organisation	No mention of further meetings with other organisations	Total (customers who attended Jobcentre WFI)
Whether attended a WFI at a Provider organisation				
Yes	79	39	27	53
No	21	61	73	47
<i>Weighted n</i>	904	207	733	1,903
<i>Unweighted n</i>	902	212	740	1,914

Notes:

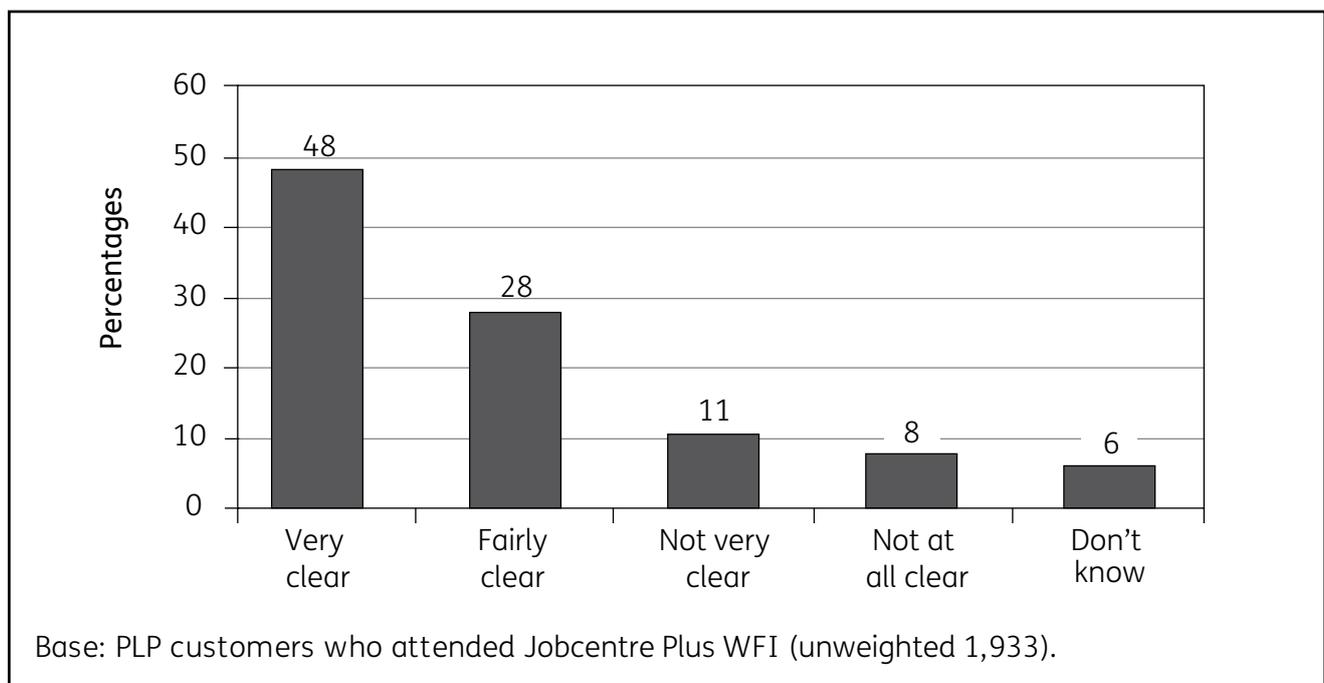
¹ Base: PLP customers who attended Jobcentre Plus WFI.

Table 4.3 shows that in total, more than half of customers (53 per cent) who attended a Jobcentre WFI went on to attend Provider WFIs. This is a high proportion of customers not going through the Provider WFI regime.

The table also shows that, as expected, customers who recalled being told they had to attend Provider meetings during their initial Jobcentre WFI were much more likely to have had Provider WFIs than customers to which further meetings had just been mentioned, or indeed those who did not recall being told about further meetings (79 per cent compared to 39 per cent and 27 per cent).

It is important to note that a considerable proportion of customers (27 per cent), despite not recalling that they were told about further meetings during their initial Jobcentre WFI, then did go on to have Provider WFIs. Whilst it is likely that some customers were having difficulty recalling the referral process, this could also relate to a lack of understanding of the process (clarity of communication is considered below).

Figure 4.3 Customers’ assessment of how clear the Jobcentre Plus adviser was about next steps for the programme



Qualitative research highlighted that there were concerns about how clear the Jobcentre staff were about the Provider and further WFIs (with Tennant *et al.*, suggesting that ‘positive experiences [of the Jobcentre WFI] were underpinned by the clarity of information from advisers about the PL Pathways programme and about the provider’ (2010, p. 75).

All customers who attended a Jobcentre Plus WFI, regardless of whether they were referred on to a Provider (or actually attended WFIs there), were asked to assess how clear the adviser had been about the next steps of the programme.

Figure 4.3 shows that the large majority of customers were positive stating that the adviser was either ‘very’ or ‘fairly’ clear (76 per cent). Importantly however, a fifth of customers (19 per cent) felt the adviser had not been clear (either ‘not very’ or ‘not at all clear’). In addition, six per cent of customers said they did not know – a relatively high proportion considering this was not a response provided in the read out list.

Table 4.4 Attendance at Provider WFIs, by customers' assessment of how clear the Jobcentre Plus adviser was about next steps for the programme

	Number of Provider WFIs attended				Weighted n	Unweighted n	Row %
	None	One	Two	Three or more			
Customers' assessment of how clear the Jobcentre Plus adviser was about the next steps for the programme							
Very clear	41	7	5	47	891	900	
Fairly clear	49	6	5	40	516	513	
Not very clear	51	9	4	36	195	197	
Not at all clear	66	7	4	24	146	147	
Don't know	69	7	2	22	109	111	

Notes:

¹ Base: PLP customers who attended Jobcentre Plus WFI.

Table 4.4 shows that the clearer the Jobcentre adviser was about the next steps for the programme the more likely the customer was to attend any and multiple Provider WFIs. Only 41 per cent who said that the Jobcentre adviser had been 'very clear' did not go to any Provider WFIs compared to two-thirds (66 per cent) of those who stated that the Jobcentre adviser was 'not at all clear'.

4.2.2 Agreements not to attend

Customers who did not attend any Provider WFIs were asked whether they had come to an agreement not to attend with either staff from the Jobcentre or staff from the Provider. Staff at Jobcentre Plus, in addition to the screening process, were able to waive or defer participation in the mandatory WFI process in line with the specific health issues or personal situations of individual customers. Provider staff had some limited scope to waive or defer too. This was in addition to customers not having to take part in the mandatory process following successful PCA assessments²¹.

²¹ Further reasons for non-referral apply here as they did for attendance at the initial WFI – flowing onto other benefits or into work or reaching age 60.

Table 4.5 Agreements for non-attendance at Provider WFIs

	Attended Jobcentre Plus WFI		Column %
	Yes	No	Total
Whether an agreement with Jobcentre Plus or Provider was made not to attend Provider WFIs			
Yes – Jobcentre Plus	27	11	20
Yes – the Provider	6	3	4
No	67	86	76
<i>Weighted n</i>	819	754	1,581
<i>Unweighted n</i>	829	757	1,593

Notes:

¹ Base: PLP customers who did not attend Provider WFIs.

Table 4.5 shows that just under a quarter (24 per cent) of customers who did not attend a Provider WFI had made an agreement not to (20 per cent with Jobcentre Plus staff and four per cent with the Provider itself). In three-quarters of cases there was no such agreement.

The survey data suggests that most of the arrangements made with **Jobcentre staff** to not attend were made during discussions at the initial Jobcentre Plus WFI, as opposed to agreements made outside of the WFI process (such as at the beginning of their claim). Twenty-seven per cent of customers who did not attend a Provider WFI but attended the initial Jobcentre Plus WFI had made an arrangement with the Jobcentre, compared to only 11 per cent of customers who had not attended the Jobcentre WFI.

Agreements with Provider staff not to attend Provider WFIs are likely to be as a consequence of the customers’ ill health, or customers negotiating with Provider staff that they do not require any assistance to move off benefit. The sections at the end of this chapter deal with associations of this and other aspects of referral with health characteristics (they will demonstrate that, as we would expect, those in poorer health were the more likely to make agreements not to attend).

4.2.3 Pre-meeting contact with Providers

Prior to any WFIs with a Provider, it was anticipated that staff from the local Provider would contact the customer in order to discuss their situation and participation on the Provider-led Pathways programme. It was anticipated, when the survey was developed, that this initial contact would likely take place by telephone.

Table 4.6 Pre-meeting telephone contact by Providers

	<i>Column %</i>		
	PLP customers who attended Provider WFIs	PLP customers who did not attend Provider WFIs	Total
Whether Provider contacted customer prior to any meeting			
Yes	61	7	28
No	39	93	72
<i>Weighted n</i>	1,073	1,643	2,739
<i>Unweighted n</i>	1,066	1,657	2,745

Notes:

¹ Base: all PLP customers.

Table 4.6 shows that around a quarter of all customers (28 per cent) were contacted by telephone by staff from a Provider two or three months after their claim (which is around the anticipated period for initial Provider contact).

As we might expect, customers who went on to attend Provider WFIs were much more likely to have been contacted than those with no meetings (61 compared to seven per cent). However, nearly two-fifths of these customers stated that there was no pre-meeting contact by telephone (39 per cent). Although customers' recall might be playing a part here, there is a possibility that the contact was made through other means.

Table 4.7 Pre-meeting discussions with Providers

	<i>Column %</i>		
	PLP customers who attended Provider WFIs	PLP customers who did not attend Provider WFIs	Total
Tell you about the services they offer	74	57	71
Make an assessment of whether their services were right for you	52	34	49
Mention you had to come along to a meeting as part of your claim for benefits	70	37	65
Make an appointment for a meeting	85	50	79
None of these	2	21	5
<i>Weighted n</i>	640	115	760
<i>Unweighted n</i>	643	117	765

Notes:

¹ Base: PLP customers who were contacted by Provider.² Multi-coded.

Customers were also asked what discussions took place during this pre-meeting contact by the Provider and these are outlined in Table 4.7.

The majority of the contact seems to have involved the Provider telling the customers about their services (71 per cent), or explaining that they had to come to see staff at the Provider as part of their claim for benefits (65 per cent). Most customers who did have Provider WFIs mentioned that the Provider made an appointment with them (85 per cent) during this telephone call (with a surprising proportion of customers who did not actually attend also making an appointment too).

There also seems to have been some element of assessment of the appropriateness of the programme for customers during this initial telephone contact (although whether this was for individual services, or for the programme as a whole, or indeed whether the assessment led to decisions about attendance at the Provider was not clarified during the interview). Half of all customers (49 per cent) were assessed, with those with no Provider WFIs less likely to mention this.

4.2.4 Mandatory and voluntary attendance

Customers who attended Provider WFIs were asked whether they understood the meetings they attended to be a compulsory part of their claim for IBs. While interpreting these findings it should be noted that it is likely that some customers did not see them as compulsory because they were not aware of their mandatory nature, whilst others would not have seen them as compulsory as they might have been participating on a voluntary basis.

Table 4.8 Whether WFIs understood to be compulsory

	<i>Column %</i>
PLP customers	
Whether customers understood WFIs to be a compulsory part of claim for IBs	
Yes	77
No	23
<i>Weighted n</i>	1,113
<i>Unweighted n</i>	1,106

Notes:

¹ Base: PLP customers who attended Provider WFIs.

Table 4.9 shows that the large majority of customers who attended Provider WFIs understood these meetings to be a compulsory part of their claim for IB. Table 4.9 shows that the large majority (77 per cent) did so.

Amongst those who did not view them as compulsory, in addition to those who were simply not aware of their mandatory nature, will be a group of ‘volunteers’ – those who were exempt from, or had been screened out of the mandatory series of WFIs but who attended the Provider to access the services available.

4.3.5 Summary of referral process

Figure 4.4 Summary of referral outcomes

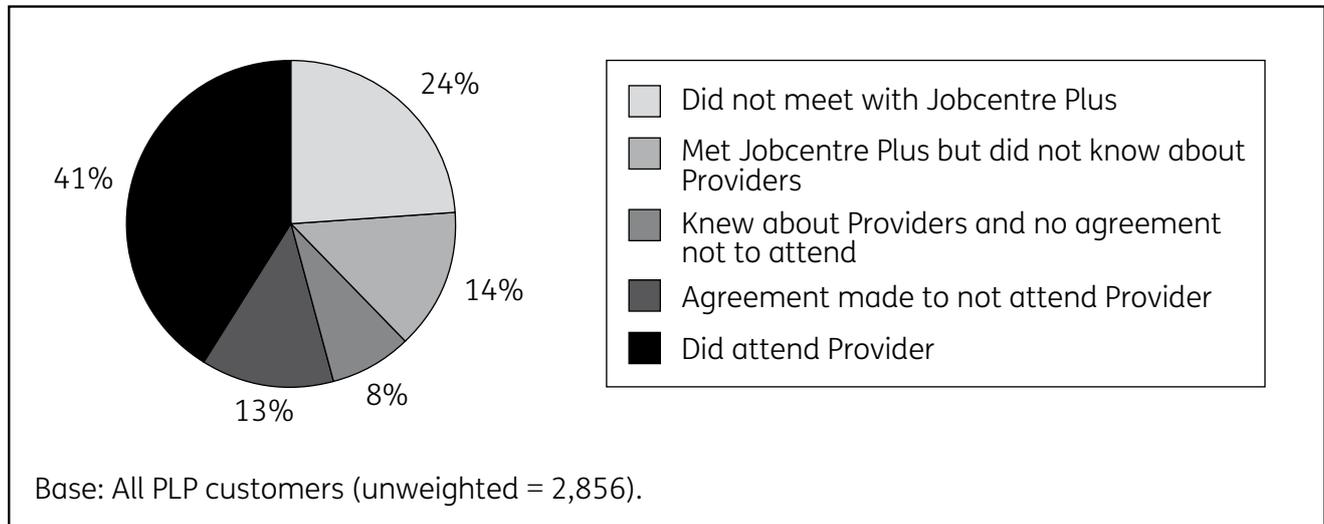


Figure 4.4 summarises the outcomes of the referral routes discussed above. A quarter of customers did not meet with Jobcentre Plus staff and therefore did not know about Provider services. A further 14 per cent did attend Jobcentre Plus but were not told about services (or did not recall being told). This leaves about a quarter of all customers who knew about services but did not attend – eight per cent without an agreement for this being made.

4.3 Explaining attendance at Provider WFIs

4.3.1 Customer reasons for not attending Provider WFIs

The screening process was expected to be a significant part of the process of referral to Providers, but we do not have direct evidence of its operation (or the extent to which self-selection among customers was operating). However, we can make some assessment of the situation with reference to the comparison of profiles of those attending and not attending and this is described in this section. As a more immediate measure, customers themselves were asked about their reasons for not attending Provider meetings.

Table 4.9 Reasons for non-attendance at Provider WFIs

	<i>Column %</i>
Reasons for not attending Provider WFIs	
Your health wasn't good enough	44
You were not told you had to go	27
You had a job lined up	16
You stopped getting IB	11
The service didn't meet your needs	7
You weren't going to look for work (for another reason)	6
Your health improved so you didn't need to go	5
They cancelled the meeting	4
No particular reason	4
Other reason	3
Had private, personal or family event or responsibility	1
Went to receive medical/health treatment	1
Nearing retirement/retired	1
It was too far or inconvenient	1
Will attend further meetings in future	1
Meetings were deferred until needed	0
Forgot to attend meetings	-
<i>Weighted n</i>	572
<i>Unweighted n</i>	591

Notes:

¹ Base: PLP customers who did not attend Provider WFIs but had heard of or from Providers.

² Multi-coded.

Table 4.9 shows the reasons given by those who did not attend Provider WFIs but had heard of, or from, a Provider (22 per cent of all customers).

The most prominent reason was health problems – mentioned by 44 per cent of this group of customers. This is clearly a major aspect of attendance among those who have the opportunity to attend, and this is taken up in the next section.

The next most prominent reason was that they were not told that they had to go (27 per cent). In some cases this may reflect recall issues, or relate to those who were screened out of the mandatory process and therefore were not told that they 'had to' go.

The next two reasons on the list reflect the known routes off the programme – having a job lined up (16 per cent) and flowing off incapacity benefits (11 per cent).

Relatively few customers gave reasons that were related to an issue with the Provider itself – seven per cent mentioned that the services offered did not meet their needs and one per cent that it was too far or inconvenient.

4.3.2 The role of health in explaining attendance

Customers’ health situations were key to understanding their participation in the Pathways to Work programme. As already shown in the previous chapter, it was customers in worse health who were more likely to attend the initial Jobcentre WFI.

Table 4.10 Attendance at Provider WFIs, by key health characteristics

	Number of Provider WFIs attended				Weighted n	Unweighted n	Row %
	None	One	Two	Three or more			
Limitation on everyday activities of health condition/disability (at claim)							
Limited a great deal	60	5	4	32	2,099	2,120	
Some effect	57	5	5	34	492	488	
No condition/no effect	78	7	2	14	171	159	
Health changes since claim (based on effect movements)							
Continued good health	77	8	2	13	143	131	
Improvements in health – no condition/no effect	66	5	4	24	618	585	
Improvements in health – from great effect to some effect	57	6	3	33	555	558	
Continued poor health, or declining health	57	4	4	35	1,438	1,485	
Main condition at claim							
Musculo-skeletal	61	4	4	31	848	919	
Mental health**	53	5	3	38	907	793	
Chronic/systemic	62	4	4	29	575	626	
Other health condition or disability**	66	7	3	24	272	286	
None**	78	7	1	14	147	135	

Notes:

¹ Base: all PLP customers.

² Note that significance testing is on those with and without each conditions type, not between conditions.

³ Sensory impairments and Learning difficulties bases are too small to report (< 50 cases).

** significant at the 95 per cent level (whether they had this condition or not).

Musculo-skeletal and chronic/systemic and not significant (whether they had this condition or not).

Table 4.10 illustrates the relationship between attendance at Provider WFIs and the customers’ health situation at the time of claim and the measure of the trajectory of their health since their claim for benefit.

In summary, customers in better health were less likely to attend Provider meetings than those with poorer health.

Less than a quarter (22 per cent) of customers with no condition or one with no affect on their everyday activities at claim attended a Provider WFI compared to two-fifths (40 per cent) of

customers whose health affected them a great deal. However, in contrast to attendance at the Jobcentre WFI (where the reverse was found) those with a condition with some effect were slightly more likely to have attended a Provider WFI than those affected a great deal (43 per cent compared to 40 per cent) – this is likely to be a result of some of those with more severe conditions being screened out (or having successful PCA decisions) or self-selecting themselves out of attendance.

The importance of the customers' health situation and trajectory for Provider attendance independent of other factors was confirmed using multivariate analysis. Whilst not the most significant factor (this was household status), health trajectory was the second most important, and this confirmed that customers in 'continued poor or declining health' were more likely to have attended a Provider WFI than those with (in order of least likely to attend): 'continued good health' or those with 'improvements in health – no condition/no effect'.

The programmes' design allowed for customers with health situations at both ends of the spectrum (i.e. either very poor health with specified health conditions; as well as those with moderate to good health and with other characteristics that made them 'close to work') to have been screened out (or to have made other agreements) from having to attend Provider WFIs on a mandatory basis.

However, there was no statistically significant association between customers' health condition at claim – in terms of limitation on everyday activities – and their recollection of whether the IBPA referred them to further Provider WFIs (i.e. told them they had to go to further meetings). So, the association observed between health situation and their attendance at Providers did not appear to be the product of a rigidly applied screening process that focused on health status. Self-selection is likely to explain some of the difference in the profiles between those who are told they have to attend Provider WFIs and those who actually attend. This may, for instance, represent those in better health deciding they do not require the services on offer, or those in less good health volunteering for services having been waived by Jobcentre Plus advisers. Differences will also reflect a movement into work during the period.

The situation with agreements made to not attend Provider WFIs is different however, with customers in poorer health considerably more likely to have made an agreement not to attend Provider WFIs than customers in better health (for example 27 per cent of those whose health limited their activities a great deal had made an agreement compared to only 14 per cent for those with no condition or no effect).

Table 4.10 also shows the relationship between attendance at Provider WFIs and the type of main health condition or disability the customer suffered from at the time of claim.

This shows that those with a mental health condition at claim were more likely to have attended a Provider WFI than those with another type of main condition (for example 47 per cent attended at least one WFI compared to 39 per cent of those with musculo-skeletal conditions). Customers with a mental health condition at claim were also more likely to have attended three or more WFIs.

In addition, those with a mental health condition were more likely to attend Provider WFIs than those without mental health conditions (47 per cent compared to 36 per cent). The multivariate analysis also confirmed this as the third most important factor for explaining WFI attendance.

The opposite was found for customers with 'other' conditions – 34 per cent attended at least one meeting compared to 41 per cent without 'other' conditions.

4.3.3 The role of other background characteristics

Table 4.11 Attendance at Provider WFIs, by key background characteristics

	Number of Provider WFIs attended				Weighted n	Unweighted n	Row %
	None	One	Two	Three or more			
Age *							
18 to 29 years	65	5	3	27	689	521	
30 to 39 years	57	6	5	32	565	492	
40 to 49 years	60	5	3	32	708	774	
50 to 54 years	58	5	4	34	345	418	
55 years and over	62	4	3	31	443	555	
Household structure							
Lives alone	51	6	4	39	789	787	
Lives with partner and children	68	6	4	22	442	433	
Lives with partner, no children	70	4	3	24	588	679	
Lives with children, no partner	63	5	5	27	282	266	
Other arrangement	57	5	3	35	672	613	
Whether living with a partner							
Lives with partner	69	5	3	23	1,030	1,112	
Does not live with partner	55	5	4	35	1,743	1,666	
Whether living with a partner in paid work at survey interview							
Partner in paid work	73	3	2	21	627	694	
Partner not in paid work	62	6	5	27	397	412	
Does not live with partner	55	5	4	35	1,743	1,666	
Tenure							
Owned outright or mortgage	67	6	3	24	993	1,087	
Renting – private	60	5	3	32	450	425	
Renting – social or council	54	4	4	37	1,005	983	
Other situation	60	7	3	29	310	268	
Relative deprivation of area (quintiles within country)²							
1 Least deprived	70	5	3	22	176	185	
2	67	6	2	24	300	316	
3	59	5	5	31	489	498	
4	60	5	4	31	693	695	
5 Most deprived	58	5	4	34	1,124	1,093	

Notes:

¹ Base: all PLP customers.² Quintiles calculated separately within each country (England, Scotland and Wales).

* significant at the 90 per cent level only.

As well as health, other factors were important to understanding attendance and these are shown in Table 4.11.

Customers who had a household structure or situation where they lived alone were the most likely to have attended meetings (49 per cent attended at least one meeting); and to have attended three or more (39 per cent). Those living alone were also amongst the most likely to have been referred (i.e. told they had to attend – 55 per cent); and to have made an agreement not to attend (22 per cent). They were also the least likely to believe the meetings were not compulsory (20 per cent). Part of the explanation here might be that Jobcentre and Provider staff are possibly encouraging them to attend in order to receive support that others might otherwise receive from family members.

There is an interest in understanding whether having a partner, especially one in paid work can encourage a culture of work in the household and lead to higher levels of participation in the Pathways to Work process – such as attendance at WFIs or use of the Choices package (or equivalent Provider services), but also better work outcomes. Partners of customers may also provide direct support to participate in the Pathways to Work programme (such as helping to organise meetings, providing transport etc) and greater levels of direct job search support (helping the customers with looking for job vacancies, helping provide transport to work etc.).

On the other hand, for some, having one member of the family in work already may be a disincentive to participate in the Pathways to Work programme or find work because there may be a feeling more often in households where someone is in work, that further work-related assistance through the Jobcentre Plus is not required and that the household is already financially supported.

Partners of customers with poor health may feel that they are supporting their partner financially and that there is no need for the customer to come off benefits or start moving towards work. Some partners will probably also feel that returning to work will have a negative effect on the customers' health.

Survey evidence from the evaluation of Jobcentre-Plus led Pathways to Work in expansion areas, showed that the partners of customers did play an important role in understanding whether customers attended WFIs (and their work outcomes). Here customers who lived with a partner were **less** likely to have taken part in any WFIs than those who did not live with a partner (Hayllar *et al.*, 2010, p.29). Moreover, customers whose partners were in paid work at the time of the survey interview were also less likely to have taken part in any WFIs than those with no partner or a partner not in paid work.

A similar pattern emerged for new and repeat customers in PL Pathways areas. Customers who lived with a partner were less likely to have attended both the initial Jobcentre WFI but also Provider WFIs compared to those who did not live with a partner (31 per cent attended at least one meeting compared to 45 per cent)

Moreover, customers who lived with a partner in paid work at the time of survey interview were also less likely to attend WFIs than those with partners not in paid work or those customers with no partner (only 27 per cent attended at least one meeting compared to 38 per cent and 45 per cent respectively). They were also less likely to have attended three or more meetings than those with a partner not in paid work (21 per cent compared to 27 per cent). Customers who did not live with a partner were the most likely to attend three or more WFIs (35 per cent).

Multivariate analysis confirmed the importance of household structure, with this being the most important factor in helping to explain attendance. Customers who lived alone were more likely to have attended a Provider WFI than those who (in order of least likely to attend) lived with:

- a working partner and children;
- a working partner, but no children;
- non working partner but no children; and
- children, but no partner.

Turning to the tenure of customers, as with attendance at the Jobcentre WFI, those who were in social or council housing were the most likely to attend a Provider WFI (46 per cent attended at least one compared to 33 per cent of those who owned their own home outright or with a mortgage). This was also found to be the case with multivariate analysis (with tenure being the fourth key factor).

There is an association between tenure and relative deprivation of the area for individuals (social housing is more often to be found in deprived areas, partly by definition), and this was reflected in the statically significant association with WFI attendance at the Provider (although it had not been for attendance at the Jobcentre WFI). Customers living in the least deprived areas (level 1-30 per cent; or level 2-33 per cent) were less likely to attend a meeting compared to those in more deprived areas (for example, level 5 the most deprived areas where 42 per cent attended).

There was little difference in the attendance at Provider WFIs across the different age groups.

However, as with attendance at the Jobcentre WFI younger customers (those aged 18 to 29 in particular) were the least likely to attend WFIs (65 per cent had no WFI). However, in contrast to attendance at the Jobcentre Plus WFI where those in the oldest age group (aged 55 and over) had not been that different from those slightly younger, for attendance at Provider WFIs, they were noticeably less likely to attend (62 per cent had no Provider WFI).

Multivariate analysis confirmed that age was important (the fifth and last key factor). Younger customers (specifically those aged 18 to 29) were less likely to have attended meetings than those aged 50 to 54; those aged 30 to 39 and finally those aged 40 to 49.

Table 4.12 Attendance at Provider WFIs, by pre-claim work history segmentation

	Number of Provider WFIs attended				Weighted n	Unweighted n	Row %
	None	One	Two	Three or more			
Pre-claim work history segmentation							
Substantial work pre-claim	62	5	3	29	1,543	1,625	
Fluctuating work or other history	58	5	4	33	1,232	1,155	

Notes:

¹ Base: all PLP customers.

As well as factors that were clearly important – such as health and household structure (as shown through bivariate and multivariate analysis) for understanding attendance, it is also important to note the lack of influence the customer’s pre-claim work history seems to have had.

Despite the customers’ previous employment being a known and key part of the screening process and important to whether customers were mandated to attend further meetings with a Provider, there were only negligible differences in the recollection of whether they were told they **had** to attend according to their work history and these were not statistically significant.

Although customers with substantial work pre-claim (who might be considered to require less assistance to return to work) were more likely to have made an agreement to not attend WFIs than those with a more fluctuating work history (26 compared to 21 per cent), again it should be noted that overall few customers had made an agreement (24 per cent).

Turning to actual attendance at Provider WFIs, Table 4.12 shows that customers with 'substantial work pre-claim' were only slightly less likely to have attended Provider WFIs than those with fluctuating or limited work pre-claim (38 per cent attended a meeting compared to 42 per cent). Customers with 'substantial work pre-claim' were also less likely to attend three or more meetings. However, the customers' categorised work history was not a key factor identified by multivariate analysis.

The fact that the customers work history was statistically significantly associated with attendance at Provider WFIs, but not the initial Jobcentre Plus WFI, suggests that it is less work related issues determining initial participation in the programme, but health and other factors.

This reflects the known understanding of the WFI process, where it is at and following the Jobcentre WFI and not before, where the customers' work history and background are considered (with some customers being screened out if they are close to work and are not require to attend further WFIs on a mandatory basis and others 'close to work' probably self selecting themselves out).

Part of the explanation may also be the fact that previous work history is not really the same as work readiness at the time of the customers' participation in the Provider-led Pathways process (the customers' own assessment of whether they were ever able to think about work is probably a better measure, but this was not collected for all customers' only those attending Provider WFIs).

5 Service provision at Providers

This chapter explores the nature of Providers' services including the discussions and activities customers undertook with Provider staff and the use of health management services. In doing this, it also explores concerns about the delivery of Work Focused Interview (WFIs) and work-related services to certain customers who might have been considered easier to help with the possibility of only limited engagement by Provider staff to those customers with more difficult situations. This includes the cherry-picking of customers to attend WFIs and the creaming of easier to help customers in terms of delivery of work-related services with the parking of others.

Summary

- For the large majority of customers their health was a key topic of discussion during Provider WFIs (90 per cent).
- Only 47 per cent of customers who attended Provider WFIs said they were ready and able to think about paid work during their meetings, with 78 per cent of these undertaking some work related activities in their own time.
- The large majority of customers (77 per cent) had Provider staff undertaking some work-related activities to support them, with the most common being providing advice on applying for jobs or writing a CV (53 per cent).
- In total, 23 per cent of customers took part in workshops, with the most commonly attended being those connected with 'being positive, building confidence, being assertive or coping with their health conditions' (16 per cent) or courses about developing interview skills (13 per cent).
- In total, eight per cent of Customers in Provider-led Pathways areas (PLP customers) had used health management services. The most common type of services attended were counselling or cognitive behaviour therapy focused workshops (35 per cent).
- There was little evidence of Providers cherry-picking customers for treatment – in terms of getting them to attend WFIs – as only low proportions went to only one or two WFIs and the majority (59 per cent) attended five or more.
- Whilst it is not possible to definitely attribute a lack of activity to 'parking' due to the voluntary nature of elements of the programme, there was evidence of an association between not being work focused and not undertaking activities with Providers – those who said they were not able to think about paid work were much more likely to state that the Provider advisers undertook no activity with them.

5.1 The nature of contact with Providers

Customers who attended WFIs were asked in detail about the nature of their involvement in Provider-led Pathways to work.

5.1.1 Venue for meetings and number of advisers seen

The large majority of WFIs took place at the Providers' offices (97 per cent) with few taking place elsewhere. One per cent of customers said the meeting took place at their home.

Consistency in the advisers seen during a series of WFIs is argued to lead to a greater degree of trust and a more complete understanding of the barriers to work that individuals face. Qualitative research showed that customers really valued the continuity of having the same staff member deal with them (Nice *et al.*, 2009 and Tennant *et al.*, 2010).

Over half of customers going to the Provider met with the same member of staff each time. Two members of staff were seen by 29 per cent of customers, with three or more seen by 16 per cent.

5.1.2 Content of meetings

Customers were asked about the nature of the discussions they had with Provider staff.

Unsurprisingly for the large majority of customers their health was a key topic of discussion (90 per cent).

Although a key aim of the Provider-led Pathways programme was to help customers – through tailored assistance – to move into, or towards, paid work, it appears that many were not ready to do so, with only 47 per cent stating that they were ever ready and able to think about paid work during their meetings (although 87 per cent of these did state that they believed the Provider understood what work would be suitable for them).

5.1.3 The delivery of work-related services by Providers

Table 5.1 Activities undertaken by Provider advisers

	<i>Column %</i>
Activities the advisers undertook	
Gave advice on applying for jobs or writing a CV	53
Worked out how much better off customer would be in work financially	41
Looked for, or offered, jobs that would be suitable	38
Arranged workshops or courses to help prepare for work	29
Gave advice for any job interviews	26
Arranged training or education	14
Gave support whilst customer was in a job	9
Something else	8
Arranged a work placement	6
None of these	23
<i>Weighted n</i>	1,141
<i>Unweighted n</i>	1,135

Notes:

¹ Base: PLP customers who attended Provider WFIs.

² Multi-coded.

Customers were also asked about the activities the staff at the Provider had undertaken to support them. As Table 5.1 shows, more than half of customers received advice on applying for jobs or writing their CV (53 per cent), with other common activities being the adviser working out how much financially better off customer would be in work (41 per cent) and the adviser looking for, or offering jobs that would be suitable for them (38 per cent).

5.1.4 Financial payments to customers

Table 5.2 Purpose of financial payments by Providers

Purpose of financial payment	Column %
To cover travel expenses to meetings	71
To help get ready for work/enable to attend work	17
Because found paid work	9
Because stayed in paid work	1
Other	12
<i>Weighted n</i>	305
<i>Unweighted n</i>	304

Notes:

¹ Base: PLP customers who attended Provider WFIs and received financial payment.

² Multi-coded.

In Jobcentre Plus led Pathways areas, a financial payment called the Adviser Discretionary Fund (ADF) was available to advisers to help customers directly with preparations for work or looking for work, such as travel costs, clothes or tools. ADF awards could be up to £300 (initially £100 in pilot areas). A total of 12 per cent of customers received money from the ADF across both the pilot and expansion areas (Hayllar *et al.*, 2010, p.34).

In the Provider-Led pathways areas, it was anticipated that a similar financial payment would be available. Amongst customers who attended Provider WFIs, 27 per cent received some sort of financial payment from the Provider with Table 5.2 showing that the most common purpose was to help cover travel expenses (71 per cent receiving the payment for this).

5.1.5 Workshops and activities undertaken by customers

Providers were expected to refer customers, where appropriate, to work-related services or workshops to help them prepare to move off benefit and go back to work.

Whilst the survey did not ask customers whether such workshops or courses were **offered** to them, which makes it difficult to assess whether some were ‘parked’ or ‘creamed’ off (discussed later); they were asked about their participation.

Table 5.3 Workshops attended

	<i>Column %</i>
Workshops attended	
Being positive, building confidence, being assertive or coping	16
Interview skills	13
Dealing with stress at work	9
The benefits of working	8
CV writing/job application workshops	1
Other course related to returning to work	1
Computer skills workshops	1
Health related courses	1
Other type of workshop	1
Basic skills courses	0
Did not attend any workshops	77
<i>Weighted n</i>	1,137
<i>Unweighted n</i>	1,130

Notes:

¹ Base: PLP customers who attended Provider WFIs.

² Multi-coded.

Table 5.3 shows that 23 per cent of customers who attended WFIs took part in workshops, with the most commonly attended being those connected with 'being positive, building confidence, being assertive or coping' (16 per cent). Workshops about developing interview skills (13 per cent) and dealing with stress at work (nine per cent) were popular too.

As mentioned previously, 47 per cent of customers who attended Provider WFIs said they were ready and able to think about paid work. Table 5.4 shows that the large majority of these customers (78 per cent) had undertaken some work related activities in their own time.

The activities most commonly undertaken were looking for suitable jobs (63 per cent), applying for jobs (55 per cent) and updating their CV (52 per cent). Fifty per cent had also used services provided by Jobcentre Plus – though which services is unclear, with seven per cent using the Programme centres based there.

Table 5.4 Work-related activities carried out by customers in own time

	<i>Column %</i>
Own time work-related activities	
Searched for suitable jobs	63
Applied for a job	55
Updated their CV	52
Used Jobcentre Plus services	50
Used the computers or telephones at Provider	36
Went on a training course	11
Used a Programme Centre	7
Went on a work placement	5
None of these	22
<i>Weighted n</i>	535
<i>Unweighted n</i>	525

Notes:

- ¹ Base: PLP customers who attended Provider WFIs and were ready and able to think about paid work during their meetings.
- ² Multi-coded.

5.2 Use of health management services

The Provider-led Pathways programme had three main elements. As well as WFIs and the work-related services accessed through these; and the financial assistance through the 'Return to Work Credit' (RTWC) in making the transition from benefits to work, the third element available to customers were health management services.

Providers were contractually obliged to make these available to customers, either delivered by specialist health staff from the Provider itself or from partner organisations.

Similar to the Condition Management Programme (CMP) services led by the National Health Service (NHS) in the Jobcentre Plus-led Pathways areas; these are health services over and above NHS (or private) 'medical' treatment for their disabilities or health conditions. They are aimed at helping customers understand and manage their health conditions in order to reach a position where work becomes a possibility or more manageable.

It is aimed in particular at the three health conditions that affected the majority of incapacity benefit customers: mild to moderate mental health conditions, musculo-skeletal (particularly back pain) and cardio-vascular conditions. The nature of provision was expected to vary between Providers.

Customers were asked in detail about their participation in health management services including how they had been referred to the services; the nature of their involvement and their assessment of the usefulness of the service.

5.2.1 Extent of use

Customers were asked whether they were referred by the provider to health specialists who offer practical help or counselling to help them manage a health condition. Where this was the case and it was clarified that the service was not GP, NHS or private health services, these were assumed, in the following analysis, to be health management services (although it is possible that they were not classified as such by the Provider).

Table 5.5 Use of health management services

	<i>Column %</i>
PLP customers	
Whether used health management services	
Yes	8
No	92
<i>Weighted n</i>	2,827
<i>Unweighted n</i>	2,834

Notes:

¹ Base: all PLP customers.

Table 5.5 shows that eight per cent of all customers used health management services (or 13 per cent of those who attended Provider WFIs).

The eight per cent of customers using these services was more than that in administrative records (the Department for Work and Pensions (DWP) analysis of records for customers who claimed Incapacity benefits (IB) in the same period as customers in the survey sample suggested that 5.4 per cent were referred to the service whilst 2.8 per cent started it)²². There is possible under-recording in the administrative data, but it is also likely that a proportion of the services analysed below were not defined as health management services by the Provider.

In comparison with new and repeat customers in the Jobcentre Plus Pathways pilot and expansion areas, Provider-led Pathways customers seemed to be more likely to use health management services – eight per cent compared to four per cent of Jobcentre Plus Pathways areas customers who used CMP (Hayllar *et al.*, 2010, p.49).

5.2.2 Characteristics of those using health management services

Qualitative research showed that some Providers used a screening tool to determine eligibility specifically for the health management services which was based on the customer's health and other characteristics (Nice and Davidson, 2010, p.30).

Unfortunately, the survey data does not allow the measurement of the use or content of this tool, but it is possible to explore who took part in the health management services.

²² DWP administrative data suggests that of those making a claim for incapacity benefits in phase one areas (excluding Lincolnshire and Rutland district for which there is no data) between 1 April 2008 and 30 June 2008 (41,210 customers), 5.4 per cent (2,240 customers) were referred to the service whilst 2.8 per cent (1,150 customers) started it (by 30 September 2009).

There was a positive relationship between whether the customer used health services and the number of Provider WFIs attended – the more attended the more likely they were to use the service (for example, 14 per cent of customers who attended three or more WFIs used health management services compared to five per cent for those attending only one meeting).

Customers who stated that they discussed their health situation with Providers were more than twice as likely to have used health management services as those who did not discuss their health (13 per cent compared to five per cent).

Table 5.6 Use of health management services, by key health characteristics

		<i>Row %</i>	
	Used health management services	Weighted n	Unweighted n
Health changes since claim (based on effect movements)			
Continued good health	5	147	135
Improvements in health – no condition/no effect	3	622	589
Improvements in health – from great effect to some effect	8	563	567
Continued poor health, or declining health	10	1,462	1,510
Main condition at claim			
Musculo-skeletal**	6	868	941
Mental health**	12	913	799
Chronic/systemic**	6	583	636
Other health condition or disability	6	280	293
None	4	150	137

Notes:

Base: all PLP customers.

**Significant at the 95 per cent level (whether they had this condition or not).

Other' and None not significant (whether they had this condition or not).

The customers' health situations and the health conditions they suffered from were clearly key issues determining their participation.

Table 5.6 illustrates the relationship between the use of health management services and the customers' 'health trajectory' (based on change) as well as the types of condition they suffered from at the time of their claim.

Customers who were in continued poor health were the most likely, whilst those with continued good health and those with major health improvements (up to no condition/effect) were the least likely to have used health management services (ten per cent compared to five and three per cent).

Customers who experienced some improvement in their health (from great to some affect) were the second most likely to use health management services which may indicate that they are helping to improve some customers' health situations.

Customers with mental health conditions at time of claim were the most likely to use health management services amongst the different health condition types (12 per cent), which is not

surprising considering the intended focus of these services on these sorts of health conditions. Indeed customers with mental health conditions were more likely to use the service than those without mental health conditions (12 per cent compared to six per cent).

In contrast, for all other conditions – particularly musculo-skeletal and chronic/systemic (where there were statistically significant relationships between use of service and whether they had these conditions), those without were more likely to use the services than those with these conditions.

The fact that customers with musculo-skeletal conditions at claim were less likely to use health management services than those without this type of condition (six compared to nine per cent) is interesting as the health services were supposed to be designed particularly for customers with these conditions.

However, it is likely that the severity of the condition rather than the type by itself was a more important factor in determining whether customers were told about, referred to or participated in health management services.

Whilst health was key, it is important to note that other demographic characteristics (such as age) and background characteristics (work history, qualifications etc.) seemed to be less important with there being either no statistically significant difference in take-up or only limited differences.

5.2.3 Non-use of health management services

Qualitative evidence from health management service Providers (Nice and Davidson, 2010) shows that there was variation in who was told about and referred to these services.

Nice and Davidson (2010) highlight how some advisers ‘reported that they told all of their clients about CMP while other advisers appeared to have been more selective and only told some’ (2010, p.30).

The survey evidence points to Provider staff being selective in deciding whom to tell about health management services as the large majority (83 per cent) of those who did not use them were not aware such services were available.

Table 5.7 Whether customers knew it was possible to access health management services, by health indicators

		<i>Row %</i>	
	Customer knew it was possible to access health management services	Weighted n	Unweighted n
Limitation on everyday activities of health condition/ disability (at claim)			
Limited a great deal	18	1,917	1,941
Some effect	14	452	451
No condition/no effect	9	164	153
Main condition at claim			
Had musculo-skeletal condition	14	807	870
Did not have musculo-skeletal condition	18	1,674	1,625
Had mental health condition	22	778	682
Did not have mental health condition	14	1,702	1,813
Had chronic/systemic condition*	18	539	588
Did not have chronic/systemic condition*	17	1,942	1,907
Had Other health condition or disability*	14	261	274
Did not have other health condition or disability*	17	2,219	2,221
Had a health condition or disability at claim	17	2,337	2,363
No health condition or disability at claim	7	143	132

Notes:

¹ Base: PLP customers who did not use health management services.

*not significant at the 95 per cent level.

As we would expect, health was key (see Table 5.7). Customers whose everyday activities were limited a 'great deal' were the most likely to have been told about the service (18 per cent compared to 14 per cent for those affected to some extent; and nine per cent for those with no health condition or one with no effect).

It also appears that Provider staff were being selective when it came to telling customers about the services according to the type of conditions they suffered from.

Customers who had a mental health condition at claim were the most likely to have mentioned that they knew about the availability of the services (22 per cent), probably reflecting the fact that such services were supposed to be geared to these types of condition (and indeed this was confirmed in the qualitative research which shows that staff were focusing their attention on customers with anxiety issues and on how the services could help them cope (see Nice and Davidson, 2010, p.30).

As might be expected, customers with no health condition were the least likely to be aware of the services although some still were (seven per cent).

Interestingly, as well as being less likely to use health management services, customers with musculo-skeletal conditions were statistically significantly less likely to be aware of the availability of the service than those without musculo-skeletal conditions (18 per cent compared to 14 per cent).

This is perhaps of concern; however the breadth of conditions held within the category of musculo-skeletal might be hiding the fact that staff are focusing their attention on those with specific conditions (such as arthritis, which was a key focus according to the qualitative evidence (Nice and Davidson, 2010, p.30).

5.2.4 Nature of health management services: workshops

Table 5.8 Health management workshops or sessions attended

	<i>Column %</i>
Health management sessions or workshops attended	
Counselling or cognitive behaviour therapy	35
General discussion about a health condition/disability	33
About building confidence, being assertive, coping	26
Physiotherapy or exercise sessions	20
Relaxation sessions/technique training	17
Pain management or relief training	11
Another type of session	17
<i>Weighted n</i>	216
<i>Unweighted n</i>	213

Notes:

¹ Base: PLP customers who used health management services.

² Multi-coded.

Customers were asked about the nature and type of health management services or workshops they used. Table 5.8 shows the most common workshop or sessions attended were mental health related and specifically counselling or cognitive behaviour therapy focused (35 per cent) with general discussions about their health common too (33 per cent).

Seventy-four per cent of customers mentioned being briefed about how the health management services would help them before they attended any session, which is in line with the qualitative evidence suggesting that staff almost always told customers about the services before they attended and used a variety of means to do so (Nice and Davidson, 2010, p.30).

Table 5.9 Number of sessions attended

	<i>Column %</i>
Health management sessions	
Number attended	
None	4
One	19
Two	11
Three	11
Four	11
Five	7
Six or more	37
<i>Weighted n</i>	209
<i>Unweighted n</i>	206

Notes:

¹ Base: PLP customers who used health management services.

² Multi-coded.

Table 5.9 shows the number of session attended by customers – with 37 per cent attending six or more, although 19 per cent attended only one.

The use of health management services seemed to have been fairly long-term for some customers, as 26 per cent were still attending sessions by the time of the survey interview.

Table 5.10 Typical length of sessions

	<i>Column %</i>
Health management sessions	
Typical length of session	
Less than 30 minutes	14
30 minutes to less than one hour	46
One hour to less than two hours	23
Two hours to less than three hours	5
Three hours or more	7
Don't Know	5
<i>Weighted n</i>	221
<i>Unweighted n</i>	217

Notes:

¹ Base: PLP customers who used health management services.

² Multi-coded.

Table 5.10 shows 46 per cent of customers stated that the typical length of a session was 30 minutes to an hour long, with few saying that they were short and under half an hour (14 per cent).

5.3 Exploring concerns about ‘creaming’ and ‘parking’ of customers

5.3.1 Evidence relating to ‘screening’

A potential source of concern surrounding the introduction of private and third sector provision was that funding arrangements based on work outcomes might lead to cherry-picking for treatment of those customers more likely to find work, with customers in poorer health or with other difficult circumstances that would make it difficult for Provider staff to help being discouraged from attending multiple WFIs. A possible indicator of this practice was considered to be the proportion of customers attending just one meeting with a Provider, as this may suggest a ‘screening’ process (distinct from Jobcentre screening – informal or otherwise).

However, with 13 per cent of those attending WFIs attending a single meeting (compared with nine per cent attending two, ten per cent attending three, and the majority attending five or more WFIs – 59 per cent) there was little to suggest this was the case.

Moreover, as qualitative research with Jobcentre and Provider staff and customers showed (see Nice *et al.*, (2009) Hudson *et al.*, (2010) and Tennant *et al.*, (2010), there were more concerns about customers being ‘parked’ or ‘creamed’ (see Section 5.3.3) than customers being ‘screened’ out or cherry picked to attend meetings by Providers.

Table 5.11 Reasons for attending only one Provider WFI

	<i>Column %</i>
Reasons for attending one Provider WFI only	
Your health wasn’t good enough	25
You were not told you had to go to more	19
You stopped getting Incapacity Benefit (IB)	19
You had a job lined up	15
The service didn’t meet your needs	10
They cancelled the meetings	6
You weren’t going to look for work (for another reason)	5
Your health improved so you didn’t need to go	4
Had private, personal or family event or responsibility	4
It was too far or inconvenient	2
Will attend further meetings in future	2
Went to receive medical/health treatment	1
Forgot to attend meetings	-
Meetings were deferred until needed	-
Nearing retirement/retired	-
Other reason	2
No particular reason	12
<i>Weighted n</i>	134
<i>Unweighted n</i>	133

Notes:

¹ Base: PLP customers who attended one Provider WFI only.

² Multi-coded.

Among the small group who did only attend a single meeting at the Provider, there was again limited evidence to suggest an informal screening out. Table 5.11 shows the reasons given by the customers for attending only one meeting; and whilst 19 per cent said they were not told they needed to go to further meetings, most gave reasons relating to their circumstances, (i.e. their health was not good enough (25 per cent), they stopped receiving IBs (19 per cent) and they had a job lined up (15 per cent).

There was little suggestion that customers were turning away from the programme due to perceived inadequacies with the Provider, with only ten per cent saying the services ‘didn’t meet their needs’ (although it might be argued that services for a population on IBs are not optimal where customers do not pursue meetings due to their poor health).

Table 5.12 Reasons for missing arranged meetings

	<i>Column %</i>
Reasons for missing meetings	
Your health wasn’t good enough	64
They cancelled the meetings	10
Had private, personal or family event or responsibility	7
Forgot to attend meetings	6
Went to receive medical/health treatment	5
It was too far or inconvenient	5
You were not told you had to go	1
You stopped getting IB	2
You had a job lined up	1
Your health improved so you didn’t need to go	1
The service didn’t meet your needs	1
Will attend further meetings in future	1
You weren’t going to look for work (for another reason)	–
Meetings were deferred until needed	–
Nearing retirement/retired	–
Other reason	6
No particular reason	1
<i>Weighted n</i>	374
<i>Unweighted n</i>	363

Notes

¹ Base: PLP customers who attended Provider WFIs and stated they had missed meetings.

² Multi-coded.

As well as concerns about customers attending only one WFI, there is significant interest among Providers and others in understanding the reasons for customers missing meetings. When this happens it represents a cost to Providers in terms of the efficient operation of the programme and potentially its effectiveness in achieving work outcomes with individuals. From the perspective of screening, there is also interest in whether the actions of Provider staff on the ground play a role.

Of the customers who attended Provider WFIs, over a third (36 per cent) said that they had missed a meeting/meetings that had been arranged. Table 5.12 outlines the most commonly mentioned reasons for this, with the majority (64 per cent) reporting health not being good enough at the time as the main reason.

There was a range of other reasons however, including the Provider cancelling (ten per cent), private, personal or family events or responsibilities (seven per cent) and simply forgetting to attend (six per cent). Again, few customers mentioned services not meeting needs (one per cent).

Customers who were in paid work by the time of the survey interview were less likely to have missed meetings compared to customers not looking for work (28 per cent compared to 40 per cent).

This may represent a strong motivation to continue seeking help from the Provider to move into paid work as well as reflecting the fact that customers might have found work (or been given the support to do so) through the Provider. Just over one third (35 per cent) of those looking for work missed a WFI.

5.3.2 Concerns about creaming and parking of customers

Whilst there is little survey evidence that Providers cherry picked customers in terms of getting them to attend WFIs, it is important to consider the possibility of Providers concentrating their service provision during WFIs on certain customers they may deem easier to help back into work.

Qualitative research with Provider organisations showed that a ‘traffic light’ and other similar systems were commonly being used by Provider staff to classify customers according to their job readiness (see Hudson *et al.*, 2010) with customers being referred to services and provided support accordingly.

The qualitative research showed concerns that customers judged as ‘Green’ (that is those ready for work), were being prioritised and more intensively worked with (‘creamed’) than those further away from work (such as those who were ‘Amber’ who needed to take several steps before being ready for employment; or those who were ‘Red’ – customers even further away from a move into employment) who were in some cases essentially being ‘parked’ (i.e. given a bare minimum of service) (Hudson *et al.*, 2010, pp.50-60; see also Tennant *et al.*, 2010, p.83).

Were it to be operating, the practice of creaming or parking by Provider staff is obscured by the fact that undertaking activities and workshops with the Provider was voluntary (only WFIs were mandatory, and even then not for all). Customers could opt whether to engage with services or take part in workshops, and it is quite likely that the same attributes that might lead to parking (poor health, low motivation to work) might also lead to a lack of engagement.

Despite not being able to definitely attribute a lack of activity to ‘parking’ or intensive working to ‘creaming’ it is possible to explore the characteristics, in particular work orientation, qualifications and employment history of customers who did fewer work related activities with their Provider.

By work-related activities it is meant those as noted in Section 5.2.3 and specifically in Table 5.1.

Table 5.13 Whether activities were undertaken by Provider advisers, by ready to think about work statement, qualifications and pre-claim work history

	Did no activities with Provider	Weighted n	Unweighted n	<i>Row %</i>
Age				
18 to 29 years	17	262	195	
30 to 39 years	23	247	209	
40 to 49 years	24	295	318	
50 to 54 years	24	153	185	
55 years and over	30	171	215	
Whether customers were ever ready and able to think about paid work				
Yes	13	533	523	
No	32	599	601	
Qualifications				
Academic and vocational qualifications	19	398	391	
Academic qualifications only	25	263	248	
Vocational qualifications only	22	210	214	
No qualifications	29	256	268	
Pre-claim work history segmentation				
Substantial work pre-claim	27	602	626	
Periods off work due to ill health	17	229	212	
Fluctuating work – no health mention	23	160	155	
More time unemployed than employed – (no health mention)	[17]	66	59	
Looked after children – no other mentions	[10]	54	59	
Other situation	[17]	28	22	
Pre-claim work history segmentation (simplified)				
Substantial work pre-claim	27	602	626	
Fluctuating work or other history	18	538	507	

Notes:

¹ Base: PLP customers who attended Provider WFIs.

Table 5.13 demonstrates there was a clear association between whether the customer was ready and able to think about paid work during their meetings and whether the Provider gave support in the form of work related activities – with those who said they were not able (i.e. who may have been placed in the ‘Red’ or ‘Amber’ classifications of work readiness and possibly more likely to be ‘parked’) much more likely to state that the Provider advisers did no activity with them (32 per cent compared to 13 per cent).

Although being ‘parked’ might have been the most appropriate approach for these customers in their own view, it might be argued that these were precisely the groups who should be challenged and actively offered assistance.

Customers with no qualifications (a group Providers may have categorised as being further away from employment) were the most likely to state that the advisers did no activity with them (29 per cent compared to 19 per cent for customers with both academic and vocational qualifications).

However, customers with 'substantial work pre-claim' (a group Providers may have categorised as being nearer to employment) were *more* likely to state that the adviser gave none of this type of support compared to customers with 'fluctuating work or other history' (27 per cent compared to 18 per cent).

However, as previously mentioned, neither previous work history nor qualifications are really the same as work readiness at the time of the customer's participation in the Provider WFIs, and perhaps the customer's own assessment of whether they were ever able to think about work is a better measure of their work readiness.

There was also a relationship between the customers' age and whether they received support. Customers who were older were less likely to have been given support than younger customers (30 per cent of those aged 55 and over said they did no activities with the Provider compared to only 17 per cent of those aged 18 to 29).

6 Customer assessments of services

This chapter explores customer assessments of the Jobcentre Plus, Provider and health management services.

Summary

- Customers were generally very positive about the Provider-led Pathways programme and the service from Jobcentre Plus and Providers.
- The majority of customers believed the Jobcentre Plus adviser helped them to think about paid work in the future – 56 per cent of customers said they helped them ‘a lot’ or ‘a little’.
- The large majority of customers felt that they had an identified and approachable contact at the Provider – 82 per cent stated that there was always someone they could contact to get help or clarify things with.
- When asked to rate how well they thought the Provider advisers they spoke to understood their situation on a scale from ‘very well’ to ‘not at all well’, the majority of customers felt that the advisers understood very well (60 per cent) or fairly well (26 per cent). The majority of customers (77 per cent) were also positive about how well the Providers’ service met their needs, with 44 per cent saying it met their needs ‘very well’ and 33 per cent saying it met their needs ‘fairly well’. The majority of customers (63 per cent), also did not believe anything more could be done to improve the services they received.
- Although broadly positive, customers’ perceptions of the service delivered by Providers did impact on their involvement with the programme. Customers who believed they had an adviser they could turn to, to get help or clarify things with, were much more likely to attend multiple WFIs. In contrast customers who did not feel this were much more likely to attend only one WFI (30 per cent compared to nine per cent) and much less likely to attend the anticipated five or more (40 per cent compared to 64 per cent). Likewise, customers who gave very positive responses to whether the service from Providers met their needs were also more likely to have attended multiple WFIs.
- Customers were overwhelmingly positive when giving an overall assessment of the Provider Led Pathways service (i.e. Provider and health management services). Three-quarters of customers rated the service either ‘very good’ or ‘good’ (43 per cent and 32 per cent respectively), with only ten per cent rating the service as poor (either ‘poor’ or ‘very poor’).

6.1 Assessments of services: Jobcentre Plus WFI

Customers were asked to rate how much their meeting with the Jobcentre Plus adviser helped them to think about paid work in the future on a scale from ‘helped a lot’ to ‘was no help at all’.

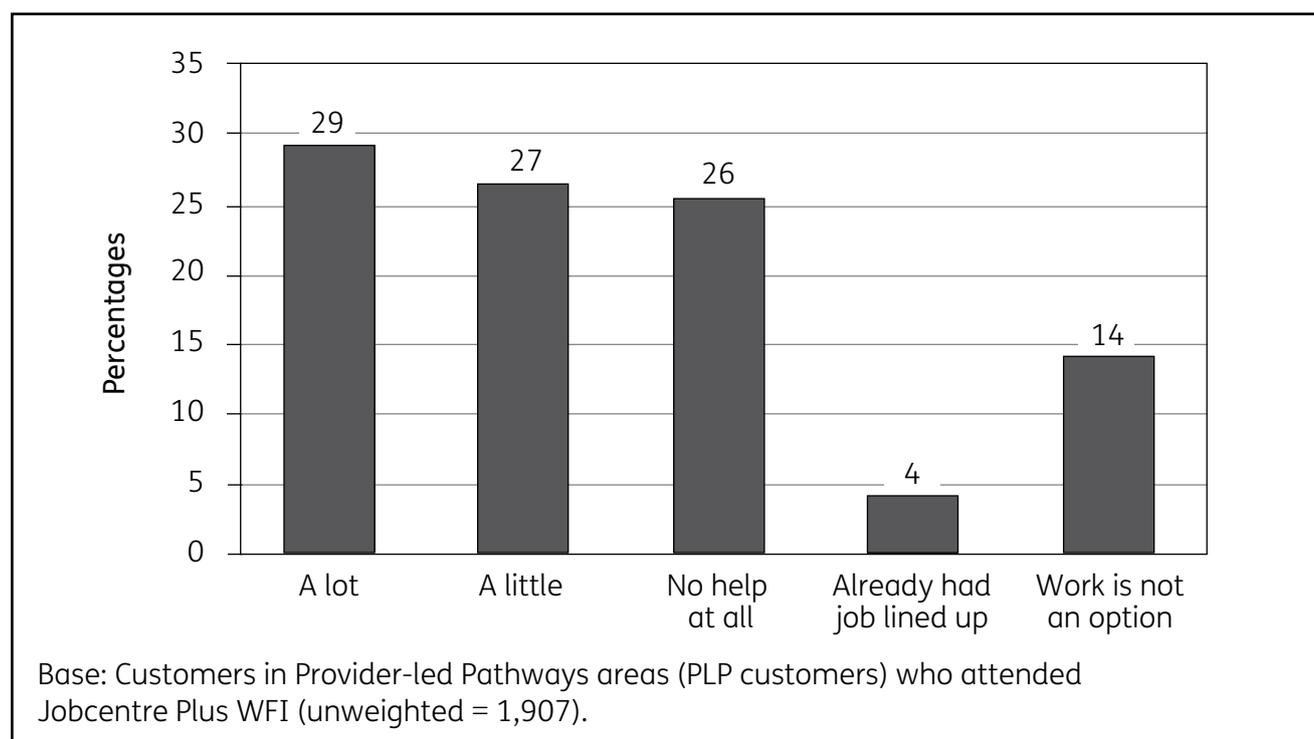
Figure 6.1 Customers' assessment of how Jobcentre Plus WFI helped in thinking about paid work

Figure 6.1 shows that the assessments were generally positive – 56 per cent of customers said they helped them ‘a lot’ or ‘a little’ to think about paid work in the future. However, a sizable proportion (26 per cent) said they were ‘no help at all’. Fourteen per cent said that work was not an option.

Table 6.1 Customers' assessment of how Jobcentre Plus WFI helped in thinking about paid work, by health trajectory

	Customers' assessment of how Jobcentre Plus WFI helped in thinking about paid work in future					Weighted n	Unweighted n
	A lot	A little	No help at all	Already had job lined up	Work is not an option		
Health changes since claim (based on effect movements)							
Continued good health	[50]	[27]	[18]	[1]	[5]	68	63
Improvements in health – no condition/no effect	37	29	24	7	3	388	364
Improvements in health – from great effect to some effect	25	29	27	6	13	399	401
Continued poor health, or declining health	27	25	26	2	20	1,023	1,061

Notes:

¹ Base: PLP customers who attended Jobcentre Plus WFI.

Analysing further the characteristics of customers and their assessment of the Jobcentre Plus WFI (see Table 6.1) shows that customers who were in ‘continued good health’ (i.e. had no condition or one with no affect at the point of claim and at interview) were the most likely to state that the Jobcentre Plus adviser (Incapacity Benefit Personal Adviser (IBPA)) helped them ‘a lot’ (50 per cent compared to only 25 per cent of customers with improvements in health – from great effect to some effect).

Interestingly, there were no statistically significant differences in the assessment according to the customers work history segmentation (i.e. whether they had ‘substantial work pre-claim’ or ‘fluctuating or limited work pre-claim’ did not affect their assessment – both groups assessed the helpfulness about the same).

6.2 Assessments of Provider services

Table 6.2 Customer assessments

	<i>Column %</i>
Customer assessments	
Had Provider received details of customer’s situation by first meeting	
Yes	62
No	29
Don’t Know	9
Customer felt that there was always someone they could contact to get help or clarify things with	
Yes	82
No	18
Customers’ involvement with Provider stopped before they wanted it to	
Yes	12
No	88
<i>Weighted n (minimum)</i>	1,134
<i>Unweighted n (minimum)</i>	1,128

Notes:

¹ Base: PLP customers who attended Provider WFIs.

² Minimum base presented.

An important issue for the operation of the programme is the success of communication between advisers in Jobcentre Plus and the Provider (for instance in effectively passing information about the customers between them).

The survey evidence as shown in Table 6.2, suggests that the communication of customers’ information was an issue for some (62 per cent stated that when they first met, the Provider had been given details of their situation, whilst 29 per cent said they had not). In analysis later it is shown that whether the customers’ had an awareness of whether their information had been received had an important impact on customers’ perceptions of how well they felt that their adviser understood their situation).

On a more positive note, Table 6.2 also shows that the large majority of customers felt that they had an identified and approachable contact at the Provider – 82 per cent stated that there was always someone they could contact to get help or clarify things with.

A minority of customers mentioned that their involvement with the Provider stopped before they wanted it too, but the large majority (88 per cent) did not think this was the case.

Table 6.3 Reasons why involvement with Provider stopped

	<i>Column %</i>
Reasons for involvement stopping	
Became ineligible/stopped receiving Incapacity Benefit (IB)/change in benefit type	32
Stopped due to ill health/health wasn't good enough	18
Provider stopped contact/cancelled meetings	15
Programme ended	12
Started work/had a job lined up	9
The service didn't meet needs	6
Failed assessment to obtain IB	1
It was too far or inconvenient	1
Other reason	12
<i>Weighted n</i>	127
<i>Unweighted n</i>	121

Notes:

- ¹ Base: PLP customers who attended Provider WFIs and stated that their involvement stopped before they wanted it to.
- ² Multi-coded.

When asked why their involvement stopped, the most common reason given (shown in Table 6.3) was that they: became ineligible, stopped receiving IB or changed their benefit type (32 per cent). Some customers also stopped due to their ill health (18 per cent), with the Provider stopping the involvement in fifteen per cent of cases (the reasons not being determined).

Table 6.4 Whether involvement with Provider stopped before they wanted it to, by work outcomes

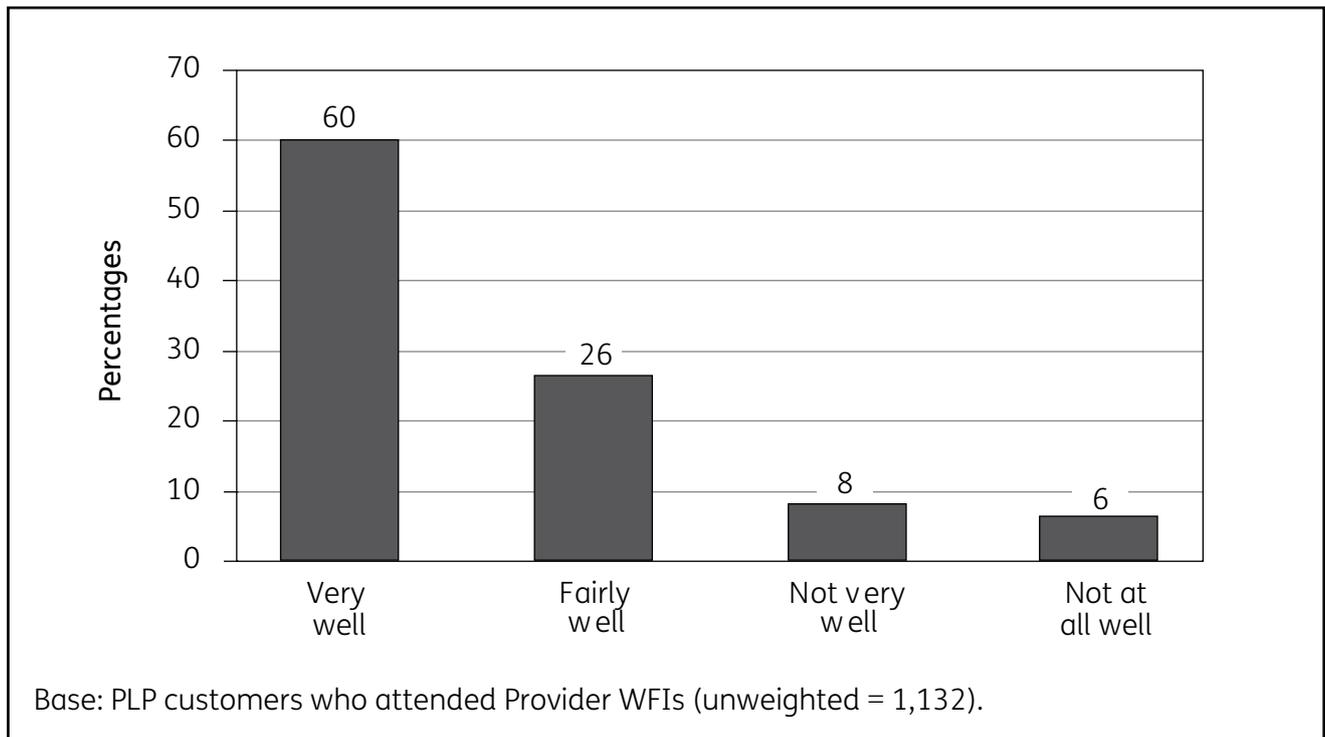
	<i>Row %</i>		
	Whether customers involvement with Provider stopped before they wanted it to		
	Yes	Weighted n	Unweighted n
Work outcomes			
In paid work	10	189	190
Looking for work/starting business/work	17	378	357
Not looking for work	9	567	583

Notes:

- ¹ Base: PLP customers who attended Provider WFIs and stated that their involvement stopped before they wanted it to.

Table 6.4 highlights that customers who were looking for paid work at the time of the survey interview were considerably more likely to state that their involvement stopped before they wanted it to (17 per cent compared to ten per cent for those in paid work and nine per cent for those not looking for work). This could suggest that some customers, even when they found work, would have liked to have received continued support.

Figure 6.2 How well adviser understood customers' situation



Customers were also asked to rate how well they thought the Provider advisers they spoke to understood their situation on a scale from 'very well' to 'not at all well'.

Figure 6.2 shows that the majority of customers felt that the advisers understood it very well (60 per cent) or fairly well (26 per cent), with far fewer saying that advisers did not understand very well (eight per cent) or not very well at all (six per cent). This indicates that Providers were able to build a positive relationship with customers in the majority of cases.

Table 6.5 How well adviser understood customers' situation, by key characteristics

	Customers' assessment of how well adviser understood their situation				Row %	
	Very well	Fairly well	Not very well	Not at all well	Weighted n	Unweighted n
Gender						
Male	57	29	8	6	638	600
Female	63	22	8	6	490	523
Age*						
18 to 29 years	56	29	8	6	257	192
30 to 39 years	55	31	6	7	245	208
40 to 49 years	59	25	9	7	292	315
50 to 54 years	64	24	8	3	151	182
55 years and over	67	19	8	6	170	213
Had Provider received details of customer's situation by first meeting						
Yes	65	25	5	5	712	703
No	48	27	15	10	329	328
Customer felt that there was always someone they could contact to get help or clarify things with						
Yes	68	24	6	2	920	918
No	23	32	19	26	194	192
Provider discussed health with customers						
Yes	63	24	7	5	1,015	1,020
No	26	44	13	17	112	101
Customer ready and able to think about paid work during their meetings with the Provider						
Yes	66	24	5	4	532	522
No	54	28	10	8	588	591

Notes:

¹ Base: PLP customers who attended Provider WFIs.

*significant at the 90 per cent level only.

Table 6.5 shows statistically significant associations between customers assessments of how well they thought the advisers understood their situations; and their responses to other Provider assessment questions as well as the customers' demographic characteristics.

Female customers were more likely to state the Provider understood their situation 'very well' compared to men (63 per cent compared to 57 per cent).

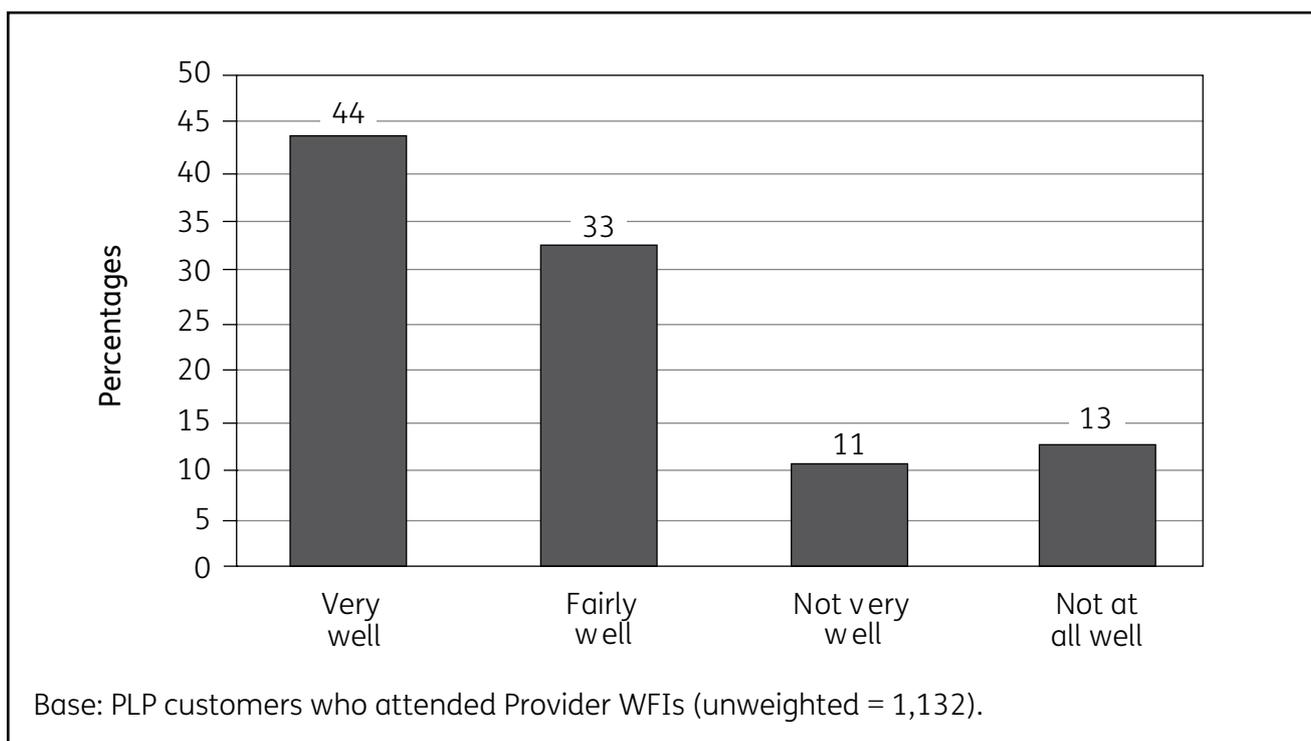
There were some differences in the assessment across the different age groups, with older customers (particularly those aged 55 years and older) rating the Providers' understanding of their situation more highly (for example 67 per cent assessed the understanding as 'very well' compared to 56 per cent of customers aged 18 to 29).

If customers felt that they had an approachable contact at the Provider whom they could get in touch with to get help or clarify things with rather than if they did not, then they were much more likely to rate the Providers understanding highly (68 per cent said the Provider understood 'very well', compared to only 23 per cent).

Customers who stated that the Provider had received details of their situation by the first meeting were much more likely to rate understanding of their situation highly (65 per cent said the Provider understood very well, compared to 48 per cent of customers whose details had not been received).

Likewise, customers who discussed their health, or were ready and able to think about paid work at some point during their contact, rated the Provider more highly.

Figure 6.3 How well Provider's service met customers' needs



Customers were also asked to give an overall assessment of how well the Provider's service met their needs and Figure 6.3 shows that the majority were positive, with 77 per cent saying it met their needs 'very well' (44 per cent) or 'fairly well' (33 per cent). However, a quarter of customers were less happy, with 11 per cent saying services met their needs 'not very well' and 13 per cent 'not at all well'.

Table 6.6 How well Provider's service met customers' needs, by key characteristics

	Customers' assessment of how well Provider's service met their needs					Row %
	Very well	Fairly well	Not very well	Not at all well	Weighted n	Unweighted n
Number of Provider WFIs*						
One	40	26	10	24	132	131
Two	[34]	[43]	[13]	[11]	97	99
Three or more	46	33	11	11	848	844
Customer felt that there was always someone they could contact to get help or clarify things with						
Yes	52	34	8	6	917	916
No	9	24	24	43	192	190
Provider discussed health with customers						
Yes	47	32	10	11	1,007	1,014
No	19	40	16	25	113	103
Customer ready and able to think about paid work during their meetings with the Provider						
Yes	54	33	7	6	530	520
No	35	32	14	18	584	588
Customer received financial payment from Provider						
Yes	49	29	11	11	302	301
No	42	35	10	13	817	814
Customers' assessment of how well adviser understood their situation						
Very well	65	26	4	5	665	668
Fairly well	17	56	17	10	290	281
Not very well	[9]	[28]	[35]	[28]	88	89
Not at all well	[3]	[9]	[15]	[73]	70	70
Whether anything could be done to improve the services customers' receive						
Something could be done	19	34	22	26	355	351
Nothing	61	31	4	4	597	597
Work outcomes						
In paid work	51	34	7	9	187	188
Looking for work/starting business/work	47	33	10	10	377	355
Not looking for work	40	32	12	15	560	576

Notes:

¹ Base: PLP customers who attended Provider WFIs.

*Significant at the 90 per cent level only

Table 6.6 shows statistically significant associations between customers' assessments of how well they thought the service met their needs; and their responses to other Provider assessment questions as well as the customers' demographic characteristics.

Customers who attended one meeting were more likely to say that the services did not meet their needs 'at all well' than those who attended more meetings.

If customers felt that they had an approachable contact at the Provider whom they could contact to get help or clarify things with then they were much more likely to say that the services did meet their needs 'very well' (52 per cent compared to nine per cent). Customers who discussed their health; or were ready and able to think about paid work at some point during their contact rated the Provider more highly too.

Customers who received a financial payment from the Provider were more likely to say they that the services did meet their needs 'very well' than those who did not receive any payment, although the differences were not large (49 per cent compared to 42 per cent).

Unsurprisingly, there was a clear positive association between whether the customer believed the Provider understood their situation and their perception of whether the services met their needs. For example, those who stated that the Provider understood their situation 'very well' were much more likely to say that the services met their needs 'very well' than those who gave lower ratings – such as 'not at all well' (65 per cent compared to three per cent).

In a similar vein, those who believed that nothing more could have been done to improve the services they received were much more likely to rate highly the assessment of whether the services met their needs.

Customers in paid work were a little more likely to rate the provider highly (i.e. 'very well') than those who were looking for work or not looking for work (51 per cent compared to 47 per cent and 40 per cent). It is interesting to see how a sizeable group of those not looking for work still stated their needs had been met.

Table 6.7 Improving Provider services

	<i>Column %</i>
Things that could be done to improve Provider services	
General: be more helpful/understanding/friendly/supportive/sympathetic listen better	16
Environment: longer opening hours	0
Offices/facilities too far away	2
Better continuity of staff seen	1
Better knowledge of case/respondent circumstances prior to attending meetings	6
More contact generally	3
A wider variety of health services/facilities/training workshops to be available	1
A wider variety of work related services/facilities/training workshops to be available	2
A wider variety of general or non-specific services/facilities/training workshops to be available	3
Other issue	11
Nothing	63
<i>Weighted n</i>	955
<i>Unweighted n</i>	951

Notes:

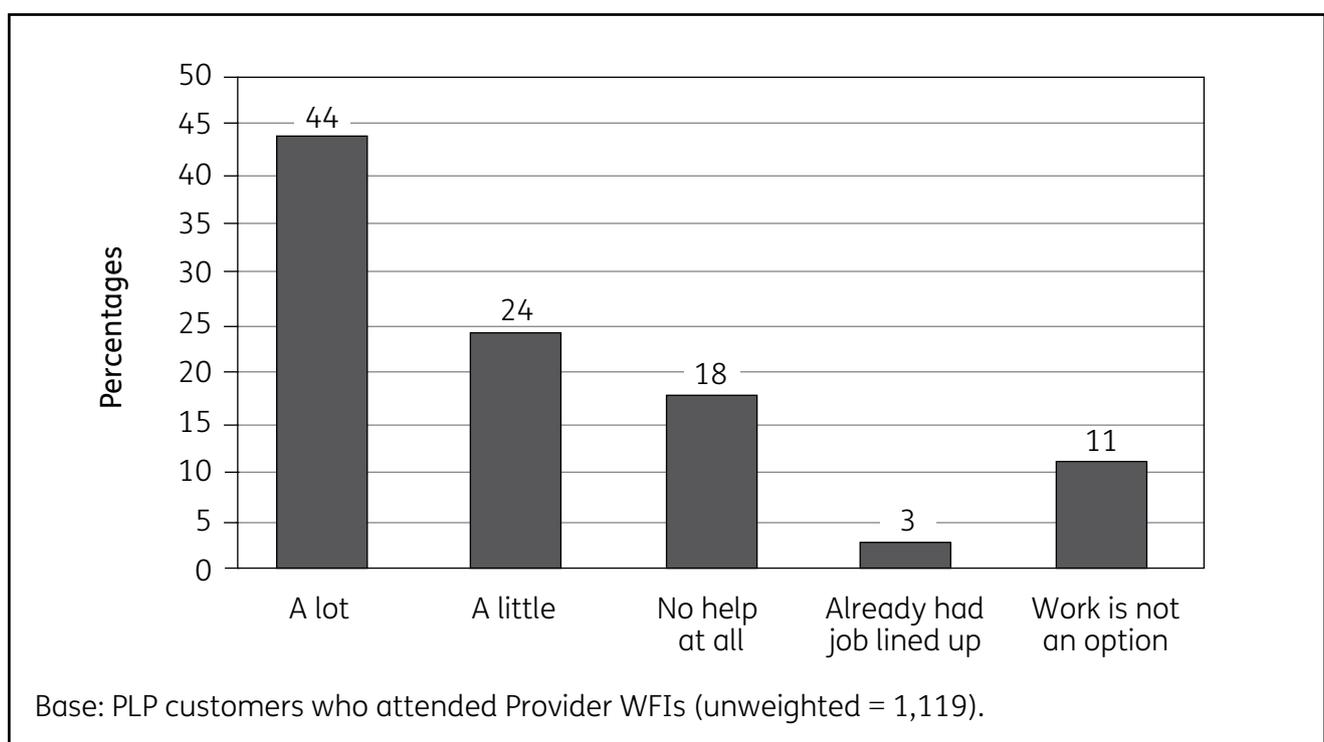
¹ Base: PLP customers who attended Provider WFIs.

² Multi-coded.

All those attending Provider WFIs were asked an open question on whether anything could be done to improve the services they received.

These responses were then coded into the categories shown in Table 6.7, which shows that whilst the majority of customers did not believe anything could be done (63 per cent), some customers felt that their Provider could have been more helpful or supportive (16 per cent), whilst others wanted their Provider to have had a better knowledge of their circumstances prior to attending meetings (six per cent). Eleven per cent of customers mentioned other things which included issues ‘as having more staff’ or ‘they would have preferred more privacy’.

Figure 6.4 Customers’ assessment of how service from Provider helped with thinking about paid work in future



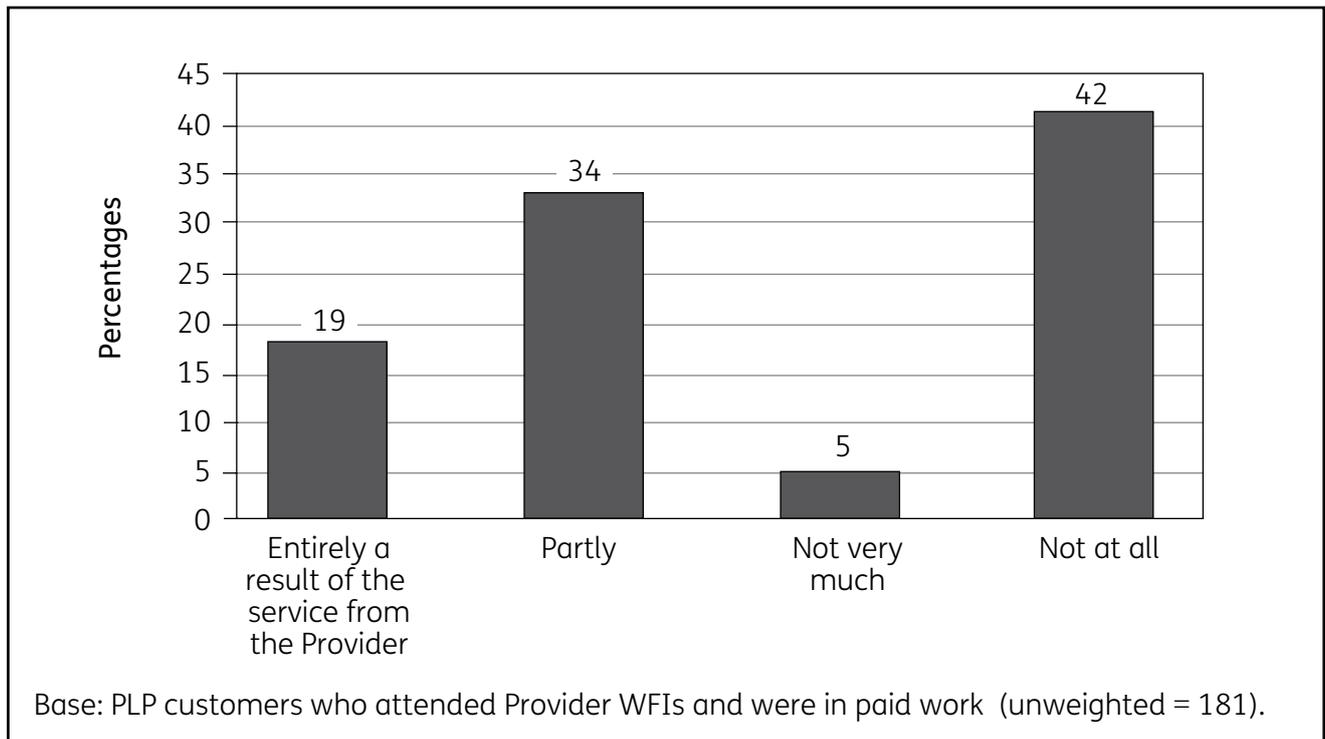
As with meetings with the Jobcentre Plus advisers, customers were also asked to rate how much the service they received from the Provider helped them to think about paid work in the future on a scale from ‘helped a lot’ to ‘was no help at all’.

Figure 6.4 shows that there was a good deal of positive assessment amongst customers, with 44 per cent saying services had helped them with thinking about paid work ‘a lot’ and a further 24 per cent saying it helped ‘a little’. However, nearly one-fifth of customers said they were no help at all. Eleven per cent said that work was not an option for them, whilst three per cent said they had a job lined up.

The level of positive assessments among those participating was higher than that found for the survey of customers in Jobcentre Plus areas (where the proportion saying services had helped ‘a lot’ stood at 30 per cent). However, when interpreting these findings it should be noted that the assessment is for all WFIs in Jobcentre Plus Pathways areas and that a higher proportion of customers were receiving services there than were receiving services from Providers.

As might be expected, customers who mentioned that they were ready and able to think about paid work were much more likely (in fact twice as likely) to say they that the Provider helped ‘a lot’ (65 per cent compared to 26 per cent). Customers who were not ready and able to think about work were much more likely to say that work was not an option (20 per cent compared to two per cent).

Figure 6.5 Customers’ assessment of to what extent the Provider had helped them get and be able to do their current job



As well as being asked whether or not the Provider helped them think about paid work in the future, customers who were actually in paid work were asked to what extent the Provider had helped them get and be able to do the job.

The survey data suggests that Providers were helping customers find work. Figure 6.5 shows that for the majority of cases (53 per cent) the Provider had been some help (entirely or partly a result of the service from the Provider). However, just over two-fifths of customers (42 per cent) said the job or being able to do it had ‘not at all’ been a result of the service from the Provider.

6.2.1 Customer assessments of Provider services and impact on participation in WFIs

Table 6.8 Number of Provider WFIs attended, by customers' assessment of Provider services

	Number of Provider WFIs attended						Row %
	One	Two	Three	Four	Five or more	Weighted n	Unweighted n
Had Provider received details of customer's situation by first meeting*							
Yes	11	10	10	8	61	692	682
No	18	7	10	8	57	323	324
Customer felt that there was always someone they could contact to get help or clarify things with							
Yes	9	9	10	8	64	889	886
No	30	11	12	8	40	197	195
Customers' overall assessment of how well their Provider's service met their needs							
Very well	11	7	9	9	65	475	478
Fairly well	10	12	12	8	58	353	344
Not very well	11	11	13	8	58	116	118
Not at all well	24	8	11	6	51	133	134

Notes:

¹ Base: PLP customers who attended Provider WFIs.

*Significant at the 90 per cent level only.

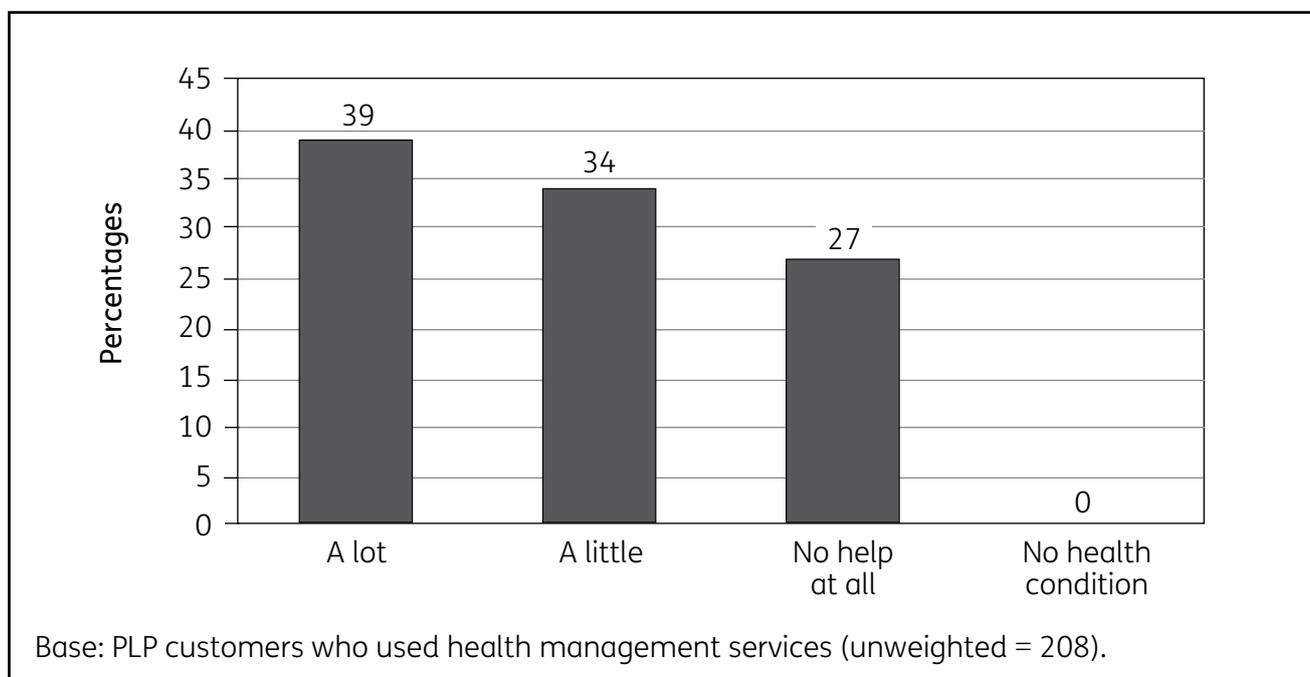
Customers' perceptions of the service delivered by Providers impacted on their involvement with the programme. Table 6.8 shows the number of WFIs customers attended by their answers to three assessment questions.

Customers who stated that the Provider had received details of their situation by the first meeting were less likely to have attended only one Provider WFI (11 per cent compared to 18 per cent).

Customers who believed they had an adviser they could turn to get help or clarify things with were much more likely to attend multiple WFIs. In contrast, customers who did not feel this were much more likely to attend only one WFI (30 per cent compared to nine per cent) and much less likely to attend the anticipated five or more (40 per cent compared to 64 per cent).

Likewise customers who gave very positive responses to whether the service from Providers met their needs were also more likely to have attended multiple WFIs. Only 11 per cent of those who assessed the service as 'very well' meeting their needs attended one meeting only (compared to 24 per cent of customers who said that it did 'not at all well' meet their needs). Moreover, those who were positive (stating the Provider 'very well' met their needs) were also more likely to attend the anticipated five or more WFIs.

6.3 Health management service assessments

Figure 6.6 Customers' assessment of how much service helped them manage their health condition

Customers were also asked to assess the health management services they had received, with the majority being positive about how the services helped them manage their health (see Figure 6.6) – 73 per cent saying it helped a lot or a little (39 per cent and 34 per cent). However, over a quarter of customers were less happy, stating that it was no help at all.

Table 6.9 Customers' assessment of how much service helped them manage their health condition, by main 'at claim' health condition type

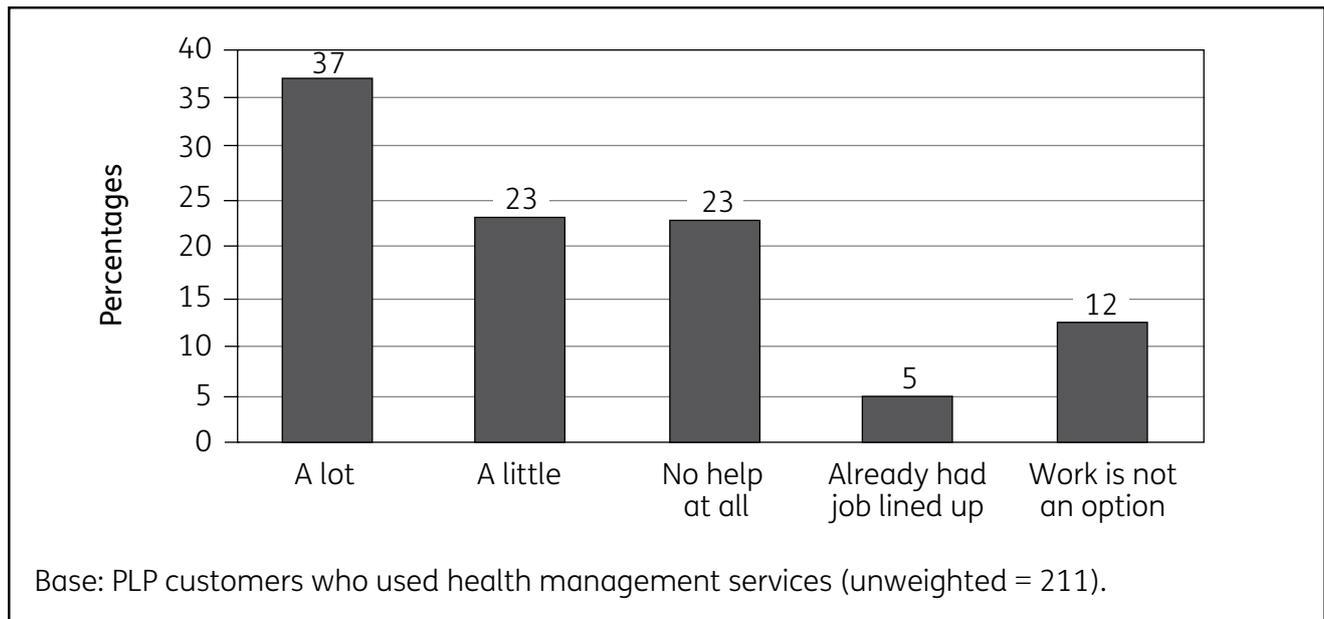
<i>Row %</i>					
	Customers' assessment of how much service helped them manage their health condition			Weighted n	Unweighted n
	A lot	A little	No help at all		
Most common main conditions at claim					
Musculo-skeletal	[28]	[26]	[46]	53	61
Mental health	[43]	[34]	[24]	104	90
Chronic/systemic	[47]	[30]	[24]	30	32

Notes:

¹ Base: PLP customers who used health management services.

Table 6.9 shows that there were differences across health conditions in the assessment of the health management services, with those with mental health conditions more likely to rate the health management services highly (i.e. helped 'a lot' or 'a little') than customers suffering from musculo-skeletal conditions (76 per cent compared to 54 per cent). It should be noted that the bases for the analysis are small.

Figure 6.7 Customers' assessment of how practical health services helped them with thinking about paid work in future



Customers were generally positive about the service when asked to rate how much the practical health services they received helped them to think about paid work in the future on a scale from 'helped a lot' to 'was no help at all'. Figure 6.7 shows that sixty per cent of customers said they helped them 'a lot' or 'a little' to think about paid work in the future. However, nearly a quarter said they were no help at all.

Customers actually in paid work at the time of the interview were asked to what extent the health management services had helped them get and be able to do the job. For the majority of cases (57 per cent), their job had been 'partly' a result of the service from the health service provider with 11 per cent saying 'entirely a result'. However, 26 per cent said the job or being able to do it had 'not at all' been a result of the health management services, whilst six per cent said 'not very much'.

Table 6.10 Improving health management services

	<i>Column %</i>
Things that could be done to improve health management services	
General: be more helpful/understanding/friendly/supportive/sympathetic/listen better	10
Environment: longer opening hours	-
Offices/facilities too far away	-
More contact generally	3
A wider variety of health services/facilities/training workshops to be available	3
Other issue	13
Nothing	73
<i>Weighted n</i>	173
<i>Unweighted n</i>	171

Notes:

¹ Base: PLP customers who used health management services.

² Multi-coded.

All customers who used the health management services were also asked an open question on whether anything could be done to improve the services they received.

Qualitative evidence suggests that both providers and customers had concerns about the services provided particularly regarding the lack of tailoring of individualised support for customers, level of support, and perception that the health services were not suitable for customers with more severe health conditions or people perceived as harder to help (Nice and Davidson, 2010, p. 84-85).

The survey research did not go into as much detail as this, but it does show that whilst the majority of customers (73 per cent) did not believe anything could be done, a quarter did have suggestions for improvements (see Table 6.10). Amongst the concerns customers had: some felt that the provider could, in general, 'have been more helpful or supportive' (ten per cent), whilst a few others wanted a wider range of services to be available (three per cent).

Thirteen per cent of customers mentioned other things which included '[staff]..having more knowledge' or they would have liked 'a personal counsellor'.

6.4 Overall assessment of Provider and Health management services

As well as giving assessments of the Provider and Health management services separately, customers were asked to give an overall assessment of the services provided or received whilst on the Provider-led Pathways programme.

Figure 6.8 Customers' overall assessment of the services provided by the Provider and/or Health management service provider

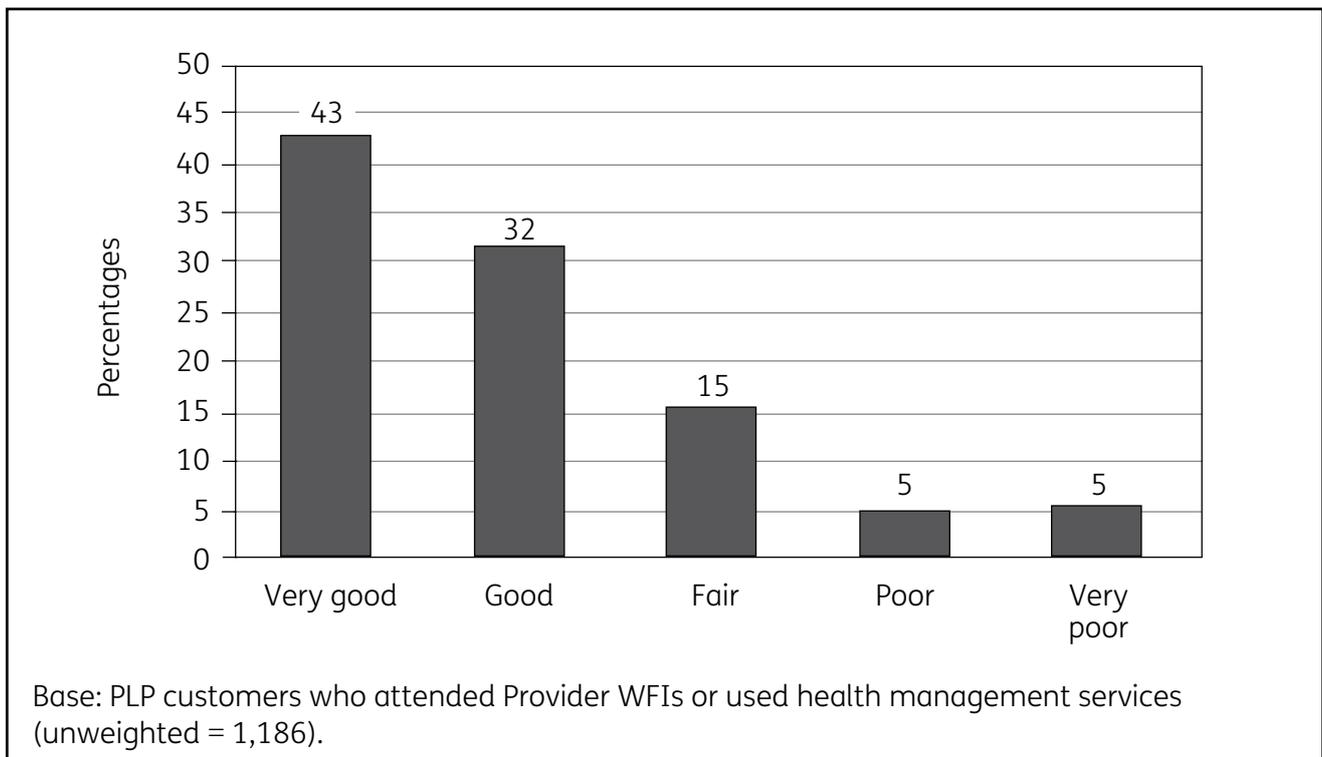


Figure 6.8 shows that most customers were largely positive about the services provided. Three-quarters of customers rated the service either 'very good' or 'good' (43 per cent and 32 per cent respectively). Only a tenth of customers rated the service as poor (either 'poor' or 'very poor').

These overall ratings were examined further to see whether there were associations between the assessment and key demographics (age and gender), health and work outcome characteristics of customers and this is shown in Table 6.11.

Customers with major health improvements (up to no condition/effect) were more likely to rate the services highly (as being 'good' or 'very good') than other customers – particularly those in continued good health (80 per cent compared to 71 per cent). However, across all the health trajectories the assessment was very positive, with seventy per cent or more of all groups assessing the service as being 'good' or 'very good'.

There was also a relationship between being in paid work and the assessment of services with those in paid work more likely to rate the service as 'very good' or 'good' than those either looking or not looking for work (80 per cent compared to 73 per cent and 74 per cent).

Table 6.11 Customers' overall assessment of the services provided by the Provider and/or Health management service provider, by key customer characteristics

	Customers' overall assessment of the services provided by the Provider and/or Health management service provider					<i>Row %</i>	
	Very well	Good	Fair	Poor	Very poor	Weighted n	Unweighted n
Health changes since claim (based on effect movements)							
Continued good health	[32]	[39]	[14]	[3]	[12]	38	33
Improvements in health – no condition/no effect	52	27	13	1	6	210	192
Improvements in health – from great effect to some effect	43	33	13	6	5	253	255
Continued poor health, or declining health	41	32	17	5	5	676	693
Work outcomes*							
In paid work	49	32	12	1	7	199	203
Looking for work/starting business/work	45	28	17	5	5	390	369
Not looking for work	40	34	15	6	5	600	613

Notes:

¹ Base: PLP customers who attended Provider WFIs or used health management services.

*Significant at the 90 per cent level only.

7 Work outcomes

The primary aim of the Provider-led Pathways to Work (PL Pathways) programme was to help customers to move from receiving incapacity benefits to being in paid employment. Another important aim was to move customers closer to work if paid work was not immediately appropriate. In addition to the potential for this group to make the move into work at a later date, the readiness to start work may indicate personal benefits.

This chapter explores the work outcomes of customers in the Provider-led Pathways areas and relationship of customers' characteristics with these outcomes.

Summary

- Three-quarters (75 per cent) of customers had not worked at all during the 13 month period following their claim for Incapacity benefits.
- At the time of the survey interview, just over a fifth of customers (21 per cent) were in paid work, 29 per cent were actively looking for work or waiting to start work or a business, whilst half (50 per cent) were not looking for work.
- The majority of customers who had found work were working in full-time employment. Over half (55 per cent) of customers who had found work were working 30 hours or more per week, with 27 per cent working 16 to 29 hours and only 18 per cent working less than 16 hours per week.
- While 15 per cent of customers in work were in managerial and professional occupations, half (50 per cent) of customers were in (routine or semi-routine occupations)²³.
- Twenty-one per cent of customers who worked for more than 16 hours per week received the Return to Work Credit (RTWC).
- More than half of the customers (57 per cent) not in paid work stated that focussing on their health was their main activity. Just under a quarter (24 per cent) were looking for work or preparing to be self employed as their main activity whilst eight per cent were looking after the home or family (eight per cent).
- The overwhelming majority of customers reported that the key factor preventing them looking for work was their health problems (86 per cent), whilst six per cent mentioned that they did not want be apart from their children or leave them with someone.
- Multivariate analysis showed that key factors associated with being in paid work at the time of interview were: firstly trajectory of health condition – with those in continued poor or declining health the least likely to be in paid work, whilst customers whose health improved to having a condition with no effect at interview were most likely to be in paid work.

Continued

²³ As examples, semi-routine occupations include receptionists, market research interviewers, steel erectors, home carers, and educational assistants, assembly line workers in electrical or automotive plants. Routine occupations include cleaners, unskilled factory workers, labourers and bus drivers.

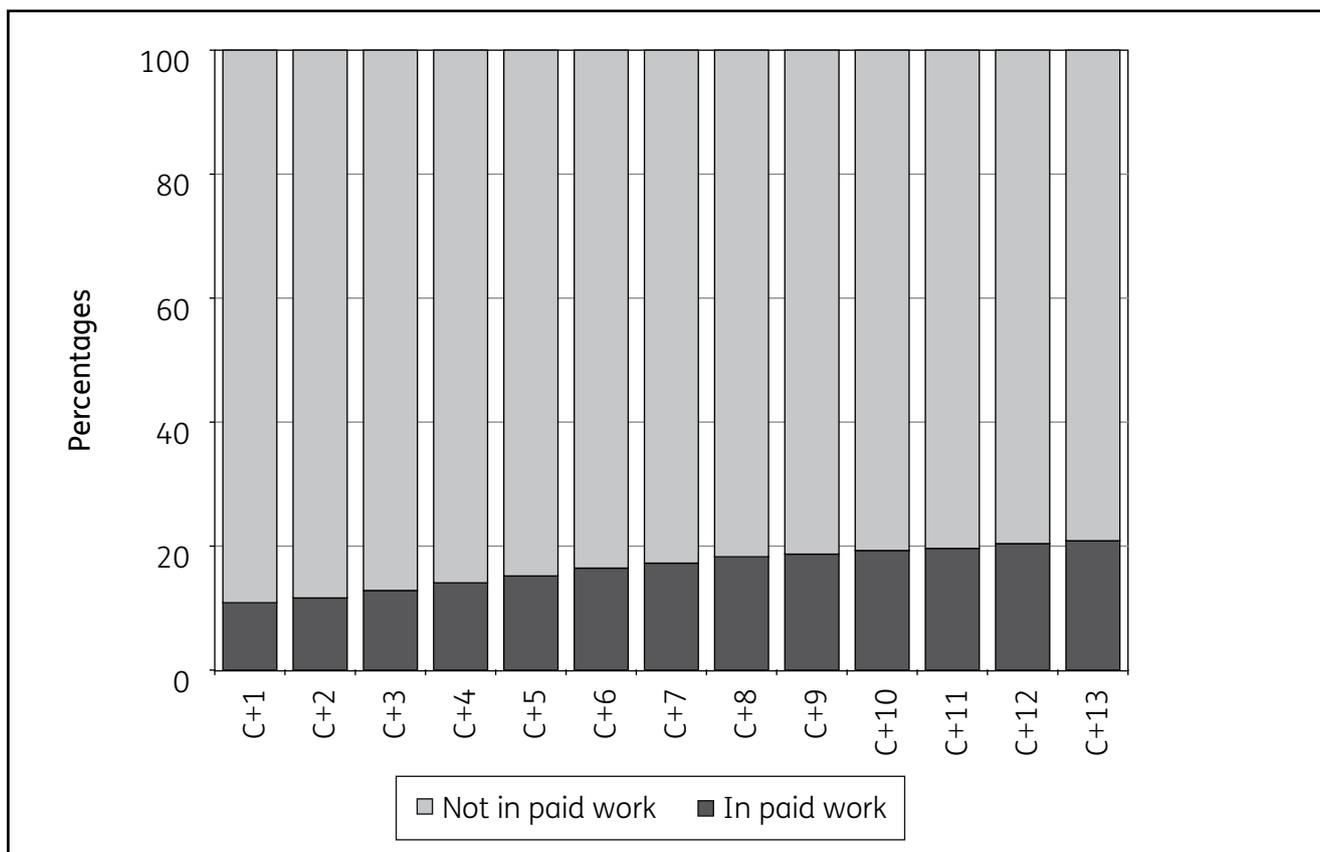
- The household status and presence of a working partner was key too. Customers who lived alone were less likely to be in paid work than those who lived with a working partner (either with working partner and children; or working partner, but no children).
- Other key factors in explaining paid work outcomes as shown by multivariate analysis were: tenure, the presence of mental health conditions, qualifications held, work history prior to claim, Provider WFI attendance (with those not attending being more likely to be in paid work) and gender.

7.1 Work patterns for customers after their claim

This section is based on activity history information collected during the survey interview. Working backwards from the date of the interview to the point of the claim for incapacity benefits that qualified them for Provider-led Pathways, customers were asked what their main work-related or other activities had been. In this section we describe the pattern of work for the population for the 13 months since their start on the programme²⁴.

7.1.1 Pattern of work following a claim for incapacity benefits

Figure 7.1 Pattern of paid work following the qualifying claim for incapacity benefits



²⁴ The work history data, collected retrospectively, was edited in line with administrative records relating to the date of claim. In some instances, dates of starts and end points of work were amended or assumptions applied to improve accuracy and maintain the logic of the accounts. A fuller discussion of the editing process can be found in the appendices.

Figure 7.1 shows the work status of Provider-led Pathways (PLP) customers during each of the 13 months following their claim for Incapacity benefits. The date of the claim that qualified them for Provider-led Pathways is the first day of the month represented by ‘C+1’ – if a customer did any amount of paid work in that month they are represented in the ‘in paid work’ group.

The chart depicts a gradual and steady increase in the proportion of customers in paid work over the 13 month period, with some suggestion of a slowing of the movement into work by the end of the period. The increase is from 11 per cent in paid work during the first month after the claim, to 21 per cent during month 13. It should be noted that a proportion of customers (nine per cent) reported that they were in paid work at the point where administrative records suggest they made a claim for incapacity benefits. In some cases this may relate to Permitted Work – work of less than 16 hours per week that Jobcentre Plus allows without there being a reduction in benefits – or undeclared work. However, it is likely that in some instances respondents have not equated a period where they were not working due to ill-health with being ‘out of paid work’.

Table 7.1 Number of months (out of 13) spent in employment after a claim for incapacity benefits

	<i>Column %</i>
PLP customers	
1 to 3 months	13
4 to 6 months	19
7 to 9 months	19
10 to 12 months	15
All 13 months	34
Mean (months)	8.8
<i>Weighted n</i>	690
<i>Unweighted n</i>	710

Notes:

¹ Base: Customers in work at any point in 13 months following claim.

We now turn to look in more detail at this pattern of work, including the degree to which the gradual movement into work depicted above disguises movement in and out of work during the period.

In total, three-quarters (75 per cent) of customers did not work at all during the 13 months following their claim for incapacity benefits. Of the 25 per cent who did work at some point, Table 7.1 describes the number of months in which customers were in work. The mean number of months worked among this working group was nine, with a third (33 per cent) reporting that they had worked for the full 13 months (as noted above, a proportion of this may represent reporting errors). Relatively similar proportions of customers had worked for each of the grouped numbers of months – 13 per cent had worked for between one and three months in the period, 15 per cent had worked for ten to 12 months. This is consistent with a gradual movement into work during the period, although this may hide movement in and out of work for individuals.

Table 7.2 Number of periods of work during the 13 months following a claim for incapacity benefits

	<i>Column %</i>
PLP customers	
No periods of work	75
One	22
Two	2
Three	0
<i>Weighted n</i>	2,911
<i>Unweighted n</i>	2,917

Notes:

¹ Base: all PLP customers.

The number of periods of work that customers have after a claim for incapacity benefits is significant as it may indicate difficulty with obtaining steady employment on one hand, or a progression through jobs on the other. We see that there were few instances of customers having more than one period of work in the 13 months following their claim (see Table 7.2). Two per cent of customers had two spells of work in the period (around a tenth of those who found work at some point in the 13 month period), and less than one per cent had more than this. Therefore, customers did not appear to move jobs over the period or fall in and out of work repeatedly at least in the short-term.

7.1.2 Segmentation of work patterns

Bringing these characteristics together it is possible to define distinct groups of customers in terms of the pattern of their work in the 13 months following their initial claim.

Table 7.3 Segmentation of patterns of work following a claim for incapacity benefits

	<i>Column %</i>
PLP customers	
Always in work	7
Started work in first six months, stayed in work	6
Started work after six months, stayed in work	6
Work ended and followed by period of no work	5
Out of work entire period	76
<i>Weighted n</i>	2,887
<i>Unweighted n</i>	2,893

Notes:

¹ Base: all PLP customers.² Excludes customers not able to give account of work in the 13 month period.

Table 7.3 combines the speed with which work was found following a claim (within the first six months or later) with the degree to which work was sustained to the end of the period. Five broad categories were identified:

- **Out of work for entire period.** Three-quarters did not work at all in the 13 months following their claim.
- **Always in work.** Seven per cent worked for the entire period (although, as noted above, this may include some customers who did not consider a period off sick from work as being ‘out of work’).
- **Started work in first six months, stayed in work.** Six per cent (or a quarter of those who did any work in the period) found work in the first six months after their claim and were still in work at the end of the 13 month period.
- **Started work after six months, stayed in work.** A further six per cent started work after the six months point, but were also still in work at the end of the period.
- **Work ended.** In five per cent of cases customers fell out of work that they had been in (and this was followed by a period of unemployment). This represents a fifth of those who were in work at some point in the 13 month period.

The period available for analysis (13 months) is relatively short, and a longer time frame would be likely to see increases in the numbers moving out of the ‘no work’ segment (although the number moving into the ‘work ended’ segment would also increase).

7.1.3 Segmentation of work patterns and customers pre-claim work history

Table 7.4 Segmentation of patterns of work following a claim for incapacity benefits, by pre-claim segmented work history

						<i>Row %</i>	
Segmentation of patterns of work following a claim for incapacity benefits							
	Always in work	Started work in first six months, stayed in work	Started work after six months, stayed in work	Work ended and followed by period of no work	Out of work entire period	Weighted n	Unweighted n
Pre-claim work history segmentation							
Substantial work pre-claim	10	8	7	4	71	1,582	1,668
Fluctuating work or other history	3	4	5	6	82	1,293	1,214

Notes:

¹ Base: all PLP customers, excluding customers not able to give account of work in the 13 month period.

Table 7.4 demonstrates that the segmentation of work patterns varied according to the customer’s pre-claim work history. Customers who had substantial pre-claim work were less likely to have been out of work the entire period compared to those with fluctuating pre-claim work histories (71 per cent compared to 82 per cent). They were also more likely to have started work in the first six months, or after six months than those with fluctuating pre-claim work histories (eight compared to four per cent; and seven compared to five per cent).

7.1.4 Segmentation of work patterns and customers post-claim health trajectory

Table 7.5 Segmentation of patterns of work following a claim for incapacity benefits, by health trajectory

						<i>Row %</i>	
Segmentation of patterns of work following a claim for incapacity benefits							
	Always in work	Started work in first six months, stayed in work	Started work after six months, stayed in work	Work ended and followed by period of no work	Out of work entire period	Weighted n	Unweighted n
Health changes since claim (based on effect movements)							
Continued good health	6	5	7	11	71	156	145
Improvements in health – no condition/no effect	14	15	12	7	51	625	589
Improvements in health – from great effect to some effect	9	7	9	6	69	568	572
Continued poor health, or declining health	3	2	2	3	89	1,496	1,545

Notes:

¹ Base: all PLP customers, excluding customers not able to give account of work in the 13 month period.

Tables 7.5 demonstrates that the segmentation of work patterns also varied according to the customers' post-claim health trajectory. Customers who had 'continued poor health, or declining health' were the most likely to have been out of work the entire period (89 per cent). As is shown later in this chapter with work outcomes at the time of the interview, it is **health improvements** which are most associated with customers finding work during the 13 month period following their claim.

Customers whose health improved to having a condition with 'no effect' at interview were the most likely to have always been in work (14 per cent), to have started work in the first six months or after six months and stayed in it (15 per cent and 12 per cent respectively). Customers whose health improved to 'some effect' were the second most likely to have done these things (nine, seven and nine per cent respectively).

Interestingly customers who were in continued good health were more likely to have been out of work the entire period (71 per cent) than those who had health improvements. This suggests that it is other factors and not these customers' health which is determining their work patterns.

Customers in continued good health were the most likely (11 per cent) to have fallen out of work that they had been in (and this was followed by a period of unemployment).

7.2 Paid work outcomes

Table 7.6 Work outcomes at the time of the survey interview

	<i>Column %</i>
Work outcomes	
In paid work (net)	21
Paid work as an employee	16
Self employed work	5
Looking for work or waiting to start work/a business	29
Not looking for paid work	50
<i>Weighted n</i>	3,090
<i>Unweighted n</i>	3,091

Notes:

¹ Base: all PLP customers.

Table 7.6 illustrates the proportion of customers who were in paid employment, actively seeking work (or waiting to start) or not seeking work at the time of the survey interview. Half of customers were not looking for work, whilst a fifth (21 per cent) were in paid work (16 per cent employee and five per cent self employed) and the rest (29 per cent) were actively looking for work or waiting to start work or a business.

In comparison with new and repeat customers in the Jobcentre Plus Pathways pilot areas and phase one and phase two expansion areas, Provider-Led customers were less likely to be in paid work. Whilst 30 per cent of Jobcentre Plus Pathways customers were in paid work (35 per cent for pilot areas and 26 per cent for expansion areas), only 21 per cent of PLPs customers were. However, the same proportion of customers in both Jobcentre Plus Pathways areas and Provider-led Pathways areas were not looking for paid work (50 per cent) (Hayllar *et al.*, 2010, p.71).

7.3 The nature of work found

An investigation of the nature of the work that customers found provides a fuller assessment of the benefits of being in paid work. Just being in paid work is, by itself, not necessarily a positive outcome, because the successfulness of paid work as an outcome may be said to depend on the degree to which it provides adequate pay and is appropriate in terms of the skills required and any health or other needs.

7.3.1 Number of hours worked

Table 7.7 Weekly number of hours worked

	<i>Column %</i>
Weekly number of hours worked	
1 to 15 hours	18
16 to 29 hours	27
30 to 39 hours	32
40 or more hours	23
<i>Weighted n</i>	619
<i>Unweighted n</i>	642

Notes:

¹ Base: PLP customers in paid work.

One of the key measurements of work is the number of hours worked per week. Table 7.7 shows the average number of hours worked per week and highlights that the majority of customers (55 per cent) who had found work were working an average number of hours which equates to being in full-time employment. Approximately one quarter (23 per cent) of customers were working 40 hours or more per week whilst a similar proportion (27 per cent) worked 16 to 29 hours. Eighteen per cent were working less than 16 hours per week.

7.3.2 Socio-economic classification of work

Table 7.8 Socio-economic classification of current work (NS-SEC)

	<i>Column %</i>
Socio-economic classification – NS-SEC	
Higher managerial and professional	2
Lower managerial and professional	13
Intermediate occupations	13
Small employers and own account workers	19
Lower supervisory and technical	2
Semi-routine	28
Routine occupations	22
<i>Weighted n</i>	631
<i>Unweighted n</i>	653

Notes:

¹ Base: PLP customers in paid work.

Table 7.8 shows that there was wide variation in the socio-economic classification of the work that customers found defined using NS-SEC²⁵. While 15 per cent were in managerial and professional occupations, half (50 per cent) of customers were in routine or semi-routine occupations²⁶.

7.3.3 Weekly take home pay

Table 7.9 Take home pay of customers in paid employment

	<i>Column %</i>
Weekly take home pay	
£1 to £100	24
£101 to £150	17
£151 to £200	19
£201 to £250	20
Over £250	20
<i>Weighted n</i>	412
<i>Unweighted n</i>	422

Notes:

¹ Base: PLP customers in employee work and able to state take home pay.

Table 7.9 shows the take home weekly pay of customers who were employees – an average of £190 per week. Forty per cent of customers earned more than £200 per week whilst a quarter had a take home pay of £100 or less per week. The variation in pay observed will be strongly linked to the hours worked and the type of work being undertaken.

7.3.4 Receipt of RTWC

The Provider-led Pathways programme included a financial incentive – RTWC for customers to return to work, access to which was administered by staff at Jobcentre Plus and not at the Provider.

The RTWC is a payment of £40 per week for up to a year for customers who move into work. To qualify for the RTWC, customers must be working 16 or more hours per week in a job that they expect will last for at least five weeks. The customer's expected salary, or income if they are self employed, must be £15,000 or less a year before deductions. Customers must have been on a qualifying benefit or SSP continuously for 13 weeks and apply for the RTWC within the first five weeks of the job.

²⁵ NS-SEC is the National Statistics socio-economic classification. It combines labour market position with the particular work situation that people are in and has been found to be a good predictor of health, educational and other outcomes. See http://www.statistics.gov.uk/methods_quality/ns_sec/default.asp

²⁶ As examples, semi-routine occupations include receptionists, market research interviewers, steel erectors, home carers, and educational assistants, assembly line workers in electrical or automotive plants. Routine occupations include cleaners, unskilled factory workers, labourers and bus drivers.

Table 7.10 Percentage of customers who received RTWC

			Row %
	Received RTWC	Weighted n	Unweighted n
Number of hours worked			
16 to 29	29	166	177
30 hours or more	17	331	335
Whether attended a Work Focussed Interview (WFI) with Jobcentre Plus adviser			
Yes	30	284	295
No	8	203	206
Number of Provider WFIs attended			
None	11	339	355
One	[20]	23	24
Two	[56]	12	12
Three or more	46	105	101
Health changes since claim (based on effect movements)			
Continued good health	[3]	28	27
Improvements in health – no condition/no effect	15	252	250
Improvements in health – from great effect to some effect	26	127	137
Continued poor health, or declining health	[35]	88	95

Notes:

¹ Base: PLP customers who worked 16 hours or more per week.

Twenty-one per cent of customers who worked for more than 16 hours per week received the RTWC (see Table 7.10). This is the same level as that found in surveys of customers in Jobcentre Plus Pathways areas (see Hayllar *et al.*, 2010, p.33).

Customers who worked for 16 to 29 hours per week were more likely to have received RTWC than those who worked 30 hours per week or more (29 per cent compared to 17 per cent) and this is likely to be related to the lower level of earnings. It is not possible to draw conclusions from this descriptive data, but RTWC was designed to incentivise a return to work for customers even where it may be part-time or in lower paid jobs.

Likewise there was a relationship (although the bases are small) between the number of Provider WFIs attended and RTWC receipt – the more WFIs the more likely they were to receive RTWC (although those attending two meetings were more likely to receive it than those attending three).

Customers in continued poor or declining health were more likely to have received RTWC than customers who had different health trajectories.

7.4 Explaining work outcomes: bivariate analysis

The variation in work outcomes described amongst customers can be explained by many different factors. Some of these will be examined in this section, which looks into the relationships between work outcomes and customers' participation in the Provider-led Pathways programme as well as their health, demographic and background characteristics.

7.4.1 Involvement with the Provider-led Pathways programme: WFIs

Table 7.11 Work outcomes, by customers' WFI attendance

	Customers' work outcomes				Row %
	In paid work	Looking for work or waiting to start work/a business	Not looking for paid work	Weighted n	Unweighted n
Whether attended a WFI with Jobcentre Plus adviser					
Yes	18	31	51	1,926	1,938
No	28	27	45	926	920
Number of Provider WFIs					
None	25	26	49	1,682	1,692
One	18	38	44	142	141
Two	16	38	47	102	103
Three	21	32	47	113	110
Four	[15]	[30]	[55]	92	93
Five or more	15	32	52	654	650
Whether attended Jobcentre Plus or Provider WFIs					
Attended Jobcentre Plus WFI and WFIs at a Provider	16	33	51	1,013	1,014
Attended Jobcentre Plus WFI only	21	28	51	889	899
Attended WFIs at a Provider only	19	41	40	137	130
Did not attend any WFI	30	24	46	781	783

Notes:

¹ Base: all PLP customers.

Table 7.11 shows the relationship between attendance at the initial Jobcentre Plus WFI, the numbers of Provider WFIs attended and work outcomes.

The bivariate analysis showed a negative relationship between taking up Provider-led Pathways services and paid work outcomes. This was also found to be the case in the Jobcentre Plus Pathways areas (Hayllar *et al.*, 2010), and is very likely to be explained by the particular characteristics of customers attending meetings rather than being an effect of the meetings themselves. Reasons for not attending WFIs may be the same characteristics that lead to paid work for some in the group (for instance motivation and confidence that work will be found without assistance), whereas attendance at multiple WFIs may be associated with, for instance, less confidence and more barriers to work. The negative relationship might be a sign that screening at Jobcentre Plus seems to be working effectively to an extent as those who were possibly screened out were more likely to be in paid work and less likely not to be looking for work (although low proportions of customers, whether screened or not, did find paid work).

Customers who did not attend an initial Jobcentre Plus WFI (32 per cent of customers) were more likely to be in paid work at the time of the interview than those who did attend (28 compared to 18 per cent). Likewise those who did not attend any Provider WFIs were more likely to be in paid work at the time of the interview than customers who attended one or more. Customers who attended multiple Provider WFIs (for example five or more) were the least likely to be in paid work.

7.4.2 Involvement with the Provider-led Pathways programme: perceptions of services

Table 7.12 Work outcomes, by key assessments of Provider service

	Customers' work outcomes			<i>Row %</i>	
	In paid work	Looking for work or waiting to start work/a business	Not looking for paid work	Weighted n	Unweighted n
Had Provider received details of customer's situation by first meeting					
Yes	18	36	46	719	710
No	13	32	55	338	337
Customer felt that there was always someone they could contact to get help or clarify things with					
Yes	18	34	49	929	926
No	11	35	54	204	201
Whether activities were undertaken by Provider advisers					
Yes	18	36	46	879	861
No	13	26	61	261	273
Customer ready and able to think about paid work during their meetings with the Provider					
Yes	27	49	25	539	528
No	7	20	73	600	603
Customers' assessment of how well adviser understood their situation*					
Very well	17	33	50	672	675
Fairly well	18	37	44	296	286
Not very well	[8]	[32]	[60]	90	91
Not at all well	[13]	[37]	[50]	71	71
Customers' assessment of how well their Provider's service met their needs					
Very well	19	36	45	494	498
Fairly well	17	34	49	370	360
Not very well	11	32	58	119	121
Not at all well	11	27	62	141	140
Whether customers' involvement with Provider stopped before they wanted it to					
Yes	14	48	38	133	127
No	17	31	52	1,002	1,003

Notes:

¹ Base: PLP customers who attended Provider WFIs.

*Significant at the 90 per cent level only.

Table 7.12 shows statistically significant relationships between key customer statements or assessments on the service delivered by Providers and their work outcomes.

Customers who stated that the Provider had received their details by the first meeting with them were more likely to have a positive work outcome – either being in work (18 per cent compared to 13 per cent for those who reported that their details had not been received) or looking for work at the time of the survey interview (36 per cent compared to 32 per cent).

If customers felt that they had an identified and approachable contact that they could get help from at the Provider then they were more likely to be in work compared to those who did not feel they had this type of contact (18 per cent compared to 11 per cent).

If the Provider had undertaken some activities (i.e. gave advice on applying for jobs etc – see Table 5.1 in Section 5.2) with the customer rather than no activities, then they were also more likely to be in paid work or looking for it at the time of the survey interview. For example, 18 per cent of customers where the Provider had undertaken some activities with them were in work, compared to 13 per cent for those where the Provider had not undertaken any such activities.

The customers own perception of whether they were ready and able to think about work was key to understanding their work outcomes. Those who were ready and able to think about paid work at any time during their WFIs were more likely to be in work (27 per cent compared to seven per cent for those not able and ready) or looking for work (49 per cent compared to 20 per cent). Nearly three-quarters of those not willing and able to think about paid work were not looking for work at the time of the survey interview.

The customer's assessment of how well they thought the adviser understood their situation had an interesting relationship with work outcomes. Customers who gave high assessments were more likely to be in paid work (17 per cent of those who rated them as understanding their situation 'very well' and 18 per cent of those who rated them 'fairly well' were in paid work, compared to eight per cent of those who rated them as understanding 'not very well'). However, a relatively high proportion of customers who were more negative about the Provider specifically rating them as understanding 'not at all well' also were in paid work (13 per cent), and were similar in their work outcomes to those who rated the Provider as understanding 'very well'. It might be that this is a group of customers who did not require the type of services provided by the Provider to make the move back into work.

Customers who were positive about whether the Provider service met their needs were also more likely to be in paid work; with those saying they met their needs 'very well' much more likely to be in paid work than those who were less positive, i.e. those who said it matched their needs 'not at all well' (19 per cent compared to 11 per cent). They were also more likely to be looking for work at the time of the survey interview (36 per cent compared to 27 per cent).

There was also a relationship between work outcomes and whether the customer stated that their involvement with the Provider stopped before they wanted it to. Customers who stated that their involvement had stopped were slightly less likely to be in paid work (14 per cent compared to 17 per cent). However, there were more noticeable differences in the other outcomes, with customers who stated that their involvement had stopped more likely to be looking for work or waiting to start than those whose involvement had not stopped (48 per cent compared to 31 per cent).

7.4.3 Involvement with the Provider-led Pathways programme: use of health management services

Customers who did not use health management services were more likely to be in paid work at the time of the interview than those who did use them (22 per cent compared to 16 per cent). This relationship is likely to be explained by the characteristics of the customers using these services, which were mainly those in poor health and therefore facing greater barriers to a return to the labour market.

7.4.4 Previous work history and work outcomes

Table 7.13 Work outcomes, by customers' summarised pre-claim work history

	Customers' work outcomes			<i>Row %</i>	
	In paid work	Looking for work or waiting to start work/a business	Not looking for paid work	Weighted n	Unweighted n
Customers' pre-claim work history					
Substantial work pre-claim	26	26	48	1,665	1,753
Periods off work due to ill health	14	25	61	579	533
Fluctuating work – no health mention	17	38	46	424	402
More time unemployed than employed (no health mention)	6	49	45	166	149
Looked after children – no other mentions	16	19	65	154	168
Other situation	[10]	[43]	[47]	81	67

Notes:

¹ Base: all PLP customers.

The pre-claim work history of customers helps explain their work outcomes (see Table 7.13). Customers who had a substantial work history before their claim for benefits were more likely to subsequently be in paid work compared to those with those who had more fluctuating working patterns. A quarter (26 per cent) were in paid work at the survey interview among those with substantial work histories, compared to, for instance, 14 per cent who had been off work due to ill health for periods. The greater movement back into work among this group may reflect more recent and relevant work experience and skills, and perhaps a lower level of chronic conditions. However, even among this group, a large proportion were not looking (48 per cent).

7.4.5 Health characteristics and work outcomes

Table 7.14 Work outcomes and health indicators

	Customers' work outcomes			<i>Row %</i>	
	In paid work	Looking for work or waiting to start work/a business	Not looking for paid work	Weighted n	Unweighted n
Self-assessed change in general health since claim					
Been getting better	38	38	24	929	891
Been getting worse	8	18	74	752	793
Stayed about the same	15	30	55	678	678
Been changeable	17	27	56	696	692
Limitation on everyday activities of health condition/disability (current)					
Limited a great deal	7	18	75	1,300	1,341
Some effect	23	33	44	931	939
No condition/no effect	40	42	18	823	773

Notes:

¹ Base: all PLP customers.

Clearly, the context of health and disability is of key interest for the Provider-led Pathways customer population. Table 7.14 indicates that work outcomes were highly dependent on the type and extent of affect of customers' health condition or disability.

Customers who had experienced declining health during the last year were considerably less likely to be in paid work or looking for work than those with other health situations. Eight per cent of customers who felt their health had got worse were in paid work compared to 38 per cent of those who felt their health had got better.

As well as being dependent on the progress or decline in health, customers' work outcomes were dependent on the impact of health conditions or disabilities on everyday activities. Although there was no statistically significant relationship between the extent of affect of condition **at claim** and their work outcomes, customers who reported having no condition or no effect of their condition on everyday activities **at the time of the survey interview** were much more likely to be in paid work than those with a condition with some or a great affect (40 per cent compared to 23 per cent and seven per cent). Customers whose health was limited a great deal were also the least likely to be looking for work and three-quarters (75 per cent) were not looking.

Table 7.15 Work outcomes and health indicators

	Customers' work outcomes				Row %
	In paid work	Looking for work or waiting to start work/a business	Not looking for paid work	Weighted n	Unweighted n
Health changes since claim (based on effect movements)					
Continued good health	22	48	30	163	151
Improvements in health – no condition/ no effect	45	40	15	643	607
Improvements in health – from great effect to some effect	27	32	41	584	588
Continued poor health, or declining health	8	22	70	1,570	1,617

Notes:

¹ Base: all PLP customers.

Table 7.15 shows the work outcomes of customers by the key health indicator of changes in the trajectory of the customers' health since their claim. This health trajectory measure – which takes account of both the level of limitation caused by the condition and the improvement or deterioration of it over time – shows that it is **health improvements** which are most associated with customers finding paid work. Customers whose health improved to having a condition with 'no effect' at interview were the most likely to be in paid work, whilst customers whose health improved to 'some effect' were the second most likely (45 per cent and 27 per cent respectively).

Interestingly customers who were in continued good health were less likely to be in paid work than these customers in the aforementioned groups (22 per cent). This is likely to mean that it is other barriers or decisions and not the customers' health which is preventing them from finding work. This group were however the most likely to be looking for work (48 per cent) and the second least likely to be not looking (30 per cent).

As we might expect customers who were in continued poor health or declining health were the least likely to be in paid work as well as the least likely to be looking (eight per cent and 22 per cent respectively).

Table 7.16 Work outcomes and main condition type at claim

Main condition at claim	Customers' work outcomes			Weighted n	Unweighted n	Row %
	In paid work	Looking for work or waiting to start work/a business	Not looking for paid work			Row %
Musculo-skeletal**						
Yes	23	29	47	914	990	
No	20	29	52	1,996	1,924	
Mental health**						
Yes	15	29	56	965	844	
No	24	29	47	1,945	2,070	
Chronic/systemic**						
Yes	25	27	49	616	670	
No	20	30	50	2,293	2,244	
Other health condition or disability*						
Yes	25	22	53	305	320	
No	20	30	50	2,604	2,594	
Any main condition						
Had a condition	21	28	51	2,745	2,762	
No condition	21	46	33	165	152	

Notes:

¹ Base: all PLP customers.

² Note that significance testing is on those with and without each condition type, not between conditions.

³ Sensory impairments and Learning difficulties bases are too small to report (< 50 cases).

*Significant at the 90 per cent level (whether they had this condition or not).

**Significant at the 95 per cent level (whether they had this condition or not).

Any main condition not significant (whether they had this condition or not).

Table 7.16 shows the work outcomes of customers by the types of main condition they suffered from at the time of their claim.

Customers with mental health conditions were less likely to be in paid work than those without this condition type (24 per cent compared to 15 per cent) and were more likely to not be looking for work (56 per cent compared to 47 per cent). Customers with a musculo-skeletal or chronic/systematic condition or disability were marginally more likely to be in paid employment than customers without these types of condition (23 per cent compared to 20 per cent and 25 per cent compared to 20 per cent respectively).

7.4.6 Background characteristics and work outcomes

Table 7.17 Work outcomes and background and demographic characteristics

	Customers' work outcomes			Row %	
	In paid work	Looking for work or waiting to start work/a business	Not looking for paid work	Weighted n	Unweighted n
Gender					
Male	19	35	46	1,717	1,620
Female	23	21	56	1,373	1,471
Household structure					
Lives alone	15	33	52	869	865
Lives with partner and children	29	24	47	495	484
Lives with partner, no children	28	22	50	652	753
Lives with children, no partner	14	23	63	305	288
Other arrangement	18	35	47	754	686
Whether living with a partner					
Lives with partner	29	23	49	1,147	1,237
Does not live with partner	16	32	52	1,901	1,814
Whether living with a partner in paid work at survey interview					
Partner in paid work	36	20	44	675	746
Partner not in paid work	18	27	56	455	472
Does not live with partner	16	32	52	1,901	1,814
Tenure					
Owned outright or mortgage	31	21	47	1,079	1,180
Renting – private	22	28	50	504	478
Renting – social or council	12	33	56	1,121	1,097
Other situation	16	39	45	354	306
Relative deprivation of area (quintiles within country)²					
1 Least deprived	32	19	49	191	200
2	27	24	49	328	345
3	26	25	49	526	535
4	21	29	49	755	756
5 Most deprived	15	33	52	1,289	1,253

Notes:

¹ Base: all PLP customers.² Quintiles calculated separately within each country (England, Scotland and Wales).

As well as customers' health characteristics, there were also differences in work outcomes according to the other personal and background characteristics of customers (see Table 7.17).

Female customers were more likely to be in paid work than male customers (23 per cent compared to 19 per cent), but were however less likely to be looking for paid work (21 per cent compared to 25 per cent).

Turning to the tenure of customers, those who were residing in accommodation they owned outright or with a mortgage were most likely to be in paid work (31 per cent), but were also the least likely to be looking for work. Customers who were living in rented social or council housing were the least likely to be in paid work (for example 12 per cent were in paid work compared to 22 per cent of those renting privately or 31 per cent of those in accommodation they owned outright or with a mortgage). The association of tenure and work outcomes may be the result of, for instance, a history of worklessness or erratic work resulting from poor health leading to a need for social housing. Areas of concentrations of poor housing may also have poor labour market opportunities.

There was a clear relationship between the relative deprivation of the area the customer lived in and their work outcomes. Customers living in the most deprived areas had poorer work outcomes than customers in less deprived areas. Only 15 per cent of customers in the most deprived areas were in paid work, well below the third of customers in the least deprived areas. There was however, a fairly even spread of proportions of customers not looking for work across all the areas (around the 50 per cent mark).

Customers who lived alone, or lived with children but no partner were the least likely to be in paid work. The latter group were also the most likely to be not looking for paid work. Customers who lived with a partner and children were the most likely to be in paid work (29 per cent).

There is interest in understanding whether having a partner, and particularly having one who is in paid work can encourage a culture of work in the household and lead to better outcomes. On the other hand, for some, having one member of the family in work already may be a disincentive to work. The evidence suggests that having a partner is important in understanding customers' work outcomes. Those customers with a partner were noticeably more likely to be in paid work than those without a partner (29 per cent compared to 16 per cent).

Customers with a partner in paid employment were twice as likely to be in paid work at the time of interview as those customers with a partner who did not work (36 compared to 18 per cent). Those with a working partner were also less likely to not be looking for work. This may reflect a culture of work in some households, but more analysis is needed to understand whether factors such as the local labour market or co-occurrence of poor health have an influence.

Interestingly, age was not a factor statistically significantly associated with paid work outcomes.

Table 7.18 Work outcomes, by qualifications and basic skills problems

	Customers' work outcomes				Row %
	In paid work	Looking for work or waiting to start work/a business	Not looking for paid work	Weighted n	Unweighted n
Qualifications					
Academic and vocational qualifications	28	30	42	1,040	1,035
Academic qualifications only	22	29	49	709	676
Vocational qualifications only	21	31	48	507	527
No qualifications	11	25	64	754	778
Qualifications (NVQ equivalent)²					
NVQ Level 5 (or equivalent)	[31]	[32]	[37]	58	61
Level 4	31	31	38	465	481
Level 3	26	28	45	417	405
Level 2	22	31	47	768	749
Level 1	18	31	51	222	205
Unclassified qualification	20	29	52	325	335
No qualification	11	25	64	763	787
Basic skills problems					
Problems with reading, writing and maths	12	17	71	131	123
Problems with reading and writing	14	27	60	455	457
Problems with maths	[17]	[18]	[66]	47	39
No problems with reading, writing and maths	24	31	45	2,027	2,037

Notes:

¹ Base: all PLP customers (except basic skills which is customers without sight problems).

² NVQ equivalents: Level 2= GCSE grade A-C, Level 4 = first degree.

Table 7.18 illustrates customers' qualifications, basic skills issues and their work outcomes. Around two-thirds (64 per cent) of customers with no qualifications were not looking for work while only 11 per cent of these customers were in paid work. This indicates worse job outcomes for customers without qualifications compared to customers with academic and vocational qualifications. Indeed customers with both academic and vocation qualifications were the most likely to be in paid work (28 per cent) and they were also the least likely to not be looking.

There were substantial differences in customers' work outcomes dependent on the level of qualification. Customers with lower level qualifications, for example level 1, were less likely to be in paid work compared to those with higher levels (particularly level 4 or 5).

There are also clear differences in customers' work outcomes depending on whether they had basic skills problems. Customers with no basic skills problems were more likely to be in paid work than those who had any. Customers with reading and writing problems were less likely to be in paid work than those who had problems with maths (14 per cent compared to 17 per cent).

7.4.7 Multiple disadvantages and work outcomes

In order to explore further the work situation of customers and how different and combined background characteristics and other factors could affect their work outcomes at the time of the survey interview, a measure of key ‘disadvantages’ experienced was developed.

Table 7.19 The measures of disadvantage

	Column %
	Row %
Tenure type	
0	64
1 – Renting – social or council	36
NVQ equivalents of highest qualification	
0	68
1 – No qualifications or NVQ Level 1	32
Basic skills problems	
0	80
1 – Problems with reading, writing or maths	20
Relative deprivation of area (quintiles within country)	
0	58
1 – Most deprived	42
Pre-claim work history segmentation (simplified)	
0	55
1- Fluctuating work or other history	45
<i>Weighted n</i>	3,095
<i>Unweighted n</i>	3,095

Notes:

¹ Base: all PLP customers.

Five key aspects of their characteristics such as the presence of basic skills problems and poor qualifications, and the situations within these which may put the customer most at a disadvantage in achieving positive work outcome were identified. These are outlined in Table 7.19.

It was decided to not include customers’ health within the measure as health situations are such a defining characteristic of the PL Pathways customer population, and it is interesting to see how other factors would interact to affect work outcomes.

Table 7.20 highlights how many of the disadvantages applied to the customer population. One-fifth of customers had none of the disadvantages, whilst half (26 per cent – one, and 24 per cent – two) had one or two. Few customers experienced the full five (two per cent), whilst the average was two disadvantages.

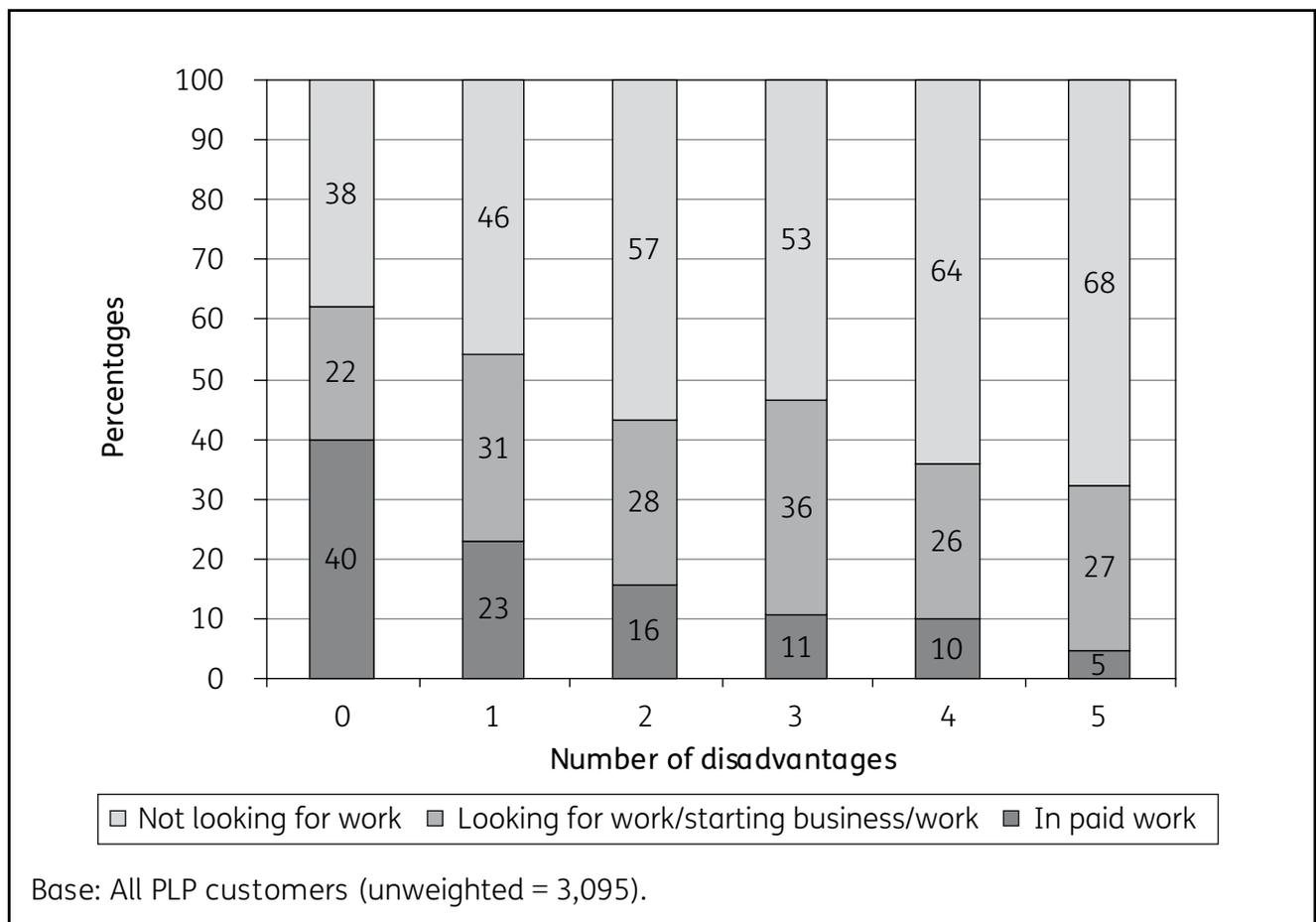
Table 7.20 The number of disadvantages experienced

	Column %
PLP customers	
Number of disadvantages	
One	26
Two	24
Three	18
Four	9
Five	2
None	20
Mean	2
Weighted n	3,095
Unweighted n	3,095

Notes:

¹ Base: all PLP customers.

Figure 7.2 Work outcomes, by number of disadvantages experienced



As might be expected, the more disadvantages experienced the less likely customers were to be in paid work at the time of the survey interview (see Figure 7.2).

Customers who had none of the disadvantages identified were nearly twice as likely to be in paid work as those with at least one (40 per cent compared to 23 per cent), and there was a clear pattern with the more disadvantages experienced the less likely the customer was in paid work (and the greater likelihood of them not looking). Only five per cent of customers with five disadvantages were in paid work.

Table 7.21 The characteristics of those with multiple disadvantages

	Number of disadvantages						Weighted n	Unweighted n	Row %
	None	1	2	3	4	5			
Total	20	26	24	18	9	2	3,095	3,095	
Age									
18 to 29 years	12	26	27	22	11	2	764	577	
30 to 39 years	18	25	28	18	9	3	622	542	
40 to 49 years	22	24	21	20	10	2	767	840	
50 to 54 years	26	27	22	16	8	2	379	460	
55 years and over	28	30	23	11	6	1	482	603	
Gender									
Male	18	28	25	18	9	2	1,719	1,622	
Female	22	24	24	19	9	2	1,376	1,473	
Household structure									
Lives alone	13	24	28	22	11	2	872	868	
Lives with partner and children	29	22	26	14	7	1	497	485	
Lives with partner, no children	35	31	19	10	5	1	652	753	
Lives with children, no partner	9	20	27	25	15	5	305	288	
Other arrangement	14	30	23	22	9	2	754	686	
Whether living with a partner									
Lives with partner	32	27	22	12	6	1	1,148	1,238	
Does not live with partner	13	26	26	22	11	2	1,902	1,815	
Whether living with a partner in paid work at survey interview									
Partner in paid work	41	29	19	8	3	0	675	746	
Partner not in paid work	20	23	27	17	10	3	455	472	
Does not live with partner	13	26	26	22	11	2	1,902	1,815	
Ethnicity									
White	23	27	24	17	8	2	2,454	2,480	
Black	6	21	29	28	14	2	143	141	
Asian	7	18	29	27	14	5	229	219	
Another group	11	22	24	22	19	3	109	103	

Continued

Table 7.21 Continued

	Number of disadvantages						Weighted n	Unweighted n	Row %
	None	1	2	3	4	5			
Health changes since claim (based on effect movements)									
Continued good health	13	29	27	22	9	1	163	151	
Improvements in health – no condition/no effect	28	31	21	16	4	0	643	607	
Improvements in health – from great effect to some effect	24	26	24	16	8	2	584	588	
Continued poor health, or declining health	16	24	26	20	11	3	1,571	1,618	

Notes:

¹ Base: all PLP customers.

Exploring the profile of customers with multiple disadvantages helps highlight which customers may need more assistance from the Provider-led Pathways programme in order for them to move back into work.

Table 7.21 shows that it was younger rather than older customers who experienced these disadvantages. Just over a quarter of customers (28 per cent) aged 55 and over had none of these disadvantages, compared to only 12 per cent of those aged 18 to 29.

Men were slightly more likely to experience the disadvantages than female customers.

Customers who lived alone as well as lone parents were also more likely to experience these disadvantages (as well as multiple ones) than customers with other household situations. Lone parents (those living with children and no partner) were particularly likely to experience multiple disadvantages (20 per cent experienced four or more, compared to only eight per cent of those living with a partner and children). Customers living with partner, particularly a working one, were noticeably less likely to experience any and multiple disadvantages compared to those with none or a nonworking partner.

Customers from non-white ethnic backgrounds were more likely to experience disadvantages too. Ninety-four per cent of those from black backgrounds experienced at least one of these disadvantages (and 16 per cent experienced four or more) compared to 77 per cent of those from white backgrounds (with only ten per cent being affected by four or more).

The customers' health trajectory had an interesting relationship with the number of disadvantages experienced, highlighting that there was a group of customers in continued good health that had barriers other than health preventing them from being in paid work. Customers in continued good health were the most likely to experience any disadvantage (87 per cent did).

Those in poor health experienced disadvantages too as might be expected. Those who were in continued poor or declining health were highly likely to experience at least one disadvantage (84 per cent did) and the most likely to experience four or more (14 per cent).

Customers who had health improvements were the least likely to experience any and multiple disadvantages. Just over a quarter of customers (28 per cent) whose health improved to having a condition with 'no effect' at interview had no disadvantage.

7.5 Explaining paid work outcomes: multivariate analysis

Multivariate analysis was used to explore the association between being in paid work and other factors: health status, demographic characteristics, summarised work history and Provider-led Pathways engagement.

A stepwise logistic regression model, with paid work as the dependent variable was carried out. This model excludes variables that do not contribute to explaining differences in the dependent variable (i.e. being in paid work). Listed below in order of importance are the variables identified that were most likely to be associated with being in paid work:

- **Trajectory of health condition.** Customers in continued poor health or declining health, were the least likely to be in paid work, whilst customers whose health improved to having a condition with no effect at interview were most likely to be in paid work. Customers whose health improved to some effect were also more likely to be in paid work than those in continued poor health or declining health.
- **Household status and presence of a working partner.** Customers who lived alone were less likely to be in paid work than those who lived with a working partner (either with working partner and children; or working partner, but no children). Customer living with a working partner but no children were more likely to be in paid work than those with a working partner and children. This reconfirms research with Jobcentre Plus area Pathways to Work customers (and bivariate analysis above) that demonstrates that the presence of a working partner was particularly highly associated with better work outcomes.
- **Tenure.** Customers who owned their home (with a mortgage or outright) were more likely to be in paid work than those renting social or council housing or in an 'other' situation. Customers renting social or council housing were the least likely to be in paid work, and as noted above this may reflect an erratic work history or the availability of suitable work in the local area.
- **Mental health conditions.** Those with a main mental health condition (at time of claim) were less likely to be in paid work than those without this condition type.
- **Qualifications.** Customers who had no qualifications were less likely to be in paid work than those who did have qualifications at NVQ levels 2 through to 5.
- **Work history prior to claim.** Customers with a fluctuating work history were less likely to be in paid work compared to customers who had substantial work before their claim.
- **Provider WFI attendance.** Customers who did **not** attend any Provider WFIs were more likely to be in paid work at the time of the interview than those who did attend. As noted above, this is likely to reflect differences in characteristics of those attending, for instance confidence, rather than any effect of the meetings themselves.
- **Gender.** Women were more likely to be in paid work than men.

7.6 The nature of intermediate outcomes

Although a movement off benefit and into paid work is the most obvious success criteria for Provider-led Pathways, customers moving closer to paid work (such as looking for work) can be seen as having a positive outcome too. This section of the report explores the activities of customers not in paid work at the time of the survey interview.

Almost four-fifths (79 per cent) were not working at the survey interview with half of customers not actively looking for work whilst around a third (29 per cent) were actively looking for or waiting to start work.

7.6.1 Activities of those not in paid work

Table 7.22 Main activity of those not in paid work

	<i>Column %</i>		
	Looking for work or waiting to start work/a business	Not looking for paid work	Total
Looking for paid work	63	2	24
Vocational or work-related course	0	0	0
Government programme or course	1	0	1
Another education or training course	1	2	1
Caring for a sick or disabled adult or child	0	3	2
Looking after the home or family	4	11	8
Inpatient in hospital (or nursing home)	0	0	0
Off sick/health problem was main focus	25	75	57
Retired	0	3	2
Claiming benefit	2	3	2
Working (including voluntary work)	0	0	0
Caring for others	0	0	0
On holiday	0	0	0
Nothing/very little due to health/disability	0	1	1
Social activities/leisure activities	0	0	0
Receiving treatment for/treating condition/disability	–	0	0
Waiting for treatment for condition/disability	–	0	0
Waiting to start work	–	–	–
Waiting to start training/other preparation for work	0	0	0
Family or personal life event	0	0	0
A complex spell consisting of different things for short periods	–	0	0
Other activity	1	0	0
<i>Weighted n</i>	835	1,451	2,286
<i>Unweighted n</i>	791	1,475	2,266

Notes:

¹ Base: PLP customers not in paid work.

Customers not in paid work were asked what their main non-work activity was and this is shown in Table 7.22. More than half of customers stated their health was their main focus (57 per cent), whilst 24 per cent were looking for paid work. Another common main activity was looking after the home or family (eight per cent).

Of the customers who stated they were looking for work, unsurprisingly, a relatively high proportion (62 per cent) mentioned looking for work as their main current activity. A quarter (25 per cent) of customers who said they were looking for work stated that their main activity was focusing on their health issues.

Customers who were not looking for work were predominantly occupied with their health condition (75 per cent) or looking after the home (11 per cent).

Table 7.23 Main activity of those not in paid work, by health trajectory

	Health changes since claim (based on effect movements)				Column %
	Continued good health	Improvements in health – no condition/no effect	Improvements in health – from great effect to some effect	Continued poor health, or declining health	Total
Looking for paid work	61	64	26	10	24
Vocational or work-related course	–	–	1	0	0
Government programme or course	1	–	1	1	1
Another education or training course	1	1	3	1	1
Caring for a sick or disabled adult or child	2	3	2	1	2
Looking after the home or family	24	15	8	5	8
Inpatient in hospital (or nursing home)	–	–	0	0	0
Off sick/health problem was main focus	8	8	52	75	57
Retired	1	3	3	1	2
Claiming benefit	2	1	3	2	2
Working (including voluntary work)	–	0	–	0	0
Caring for others	–	–	0	0	0
On holiday	–	1	0	–	0
Nothing/very little due to health/disability	–	0	1	1	1
Social activities/leisure activities	–	0	–	0	0
Receiving treatment for/ treating condition/disability	–	–	–	0	0
Waiting for treatment for condition/disability	–	–	0	–	0
Waiting to start work	–	–	–	–	–
Waiting to start training/ other preparation for work	–	0	–	0	0
Family or personal life event	–	1	–	0	0
A complex spell consisting of different things for short periods	–	0	–	–	0
Other activity	–	1	–	0	0
<i>Weighted n</i>	124	341	405	1,376	2,286
<i>Unweighted n</i>	112	308	395	1,411	2,266

Notes:

¹ Base: PLP customers not in paid work.

Table 7.23 illustrates the relationship between the non-work activities of customers and the customers' 'health trajectory' (based on change).

As shown in Section 7.5.5, customers who were in 'continued good health' were less likely to be in paid work than customers with health improvement trajectories, and it was suggested that it was other barriers or decisions and not the customers' health which was preventing them from finding work. As shown in Section 7.5.7 on multiple disadvantages and work outcomes those in 'continued good health' did actually have more disadvantages (which could be barriers) than those in other health situations.

The table shows data that adds to this understanding. Only eight per cent of customers who were in continued good health stated that their main activity was being off sick or that their health problem was their main focus, compared to 75 per cent of customers with continued poor or declining health. Customers who were in continued good health were the most likely to state that their main activity was looking after the home or family – almost a quarter (24 per cent) did so, compared to only five per cent of customers with continued poor or declining health. This suggests that some customers are making an active choice to stay at home and not find work rather than being hampered by health problems.

7.6.2 Reasons for not looking for work

Customers who were not looking for paid work were asked what key factors were stopping them from doing so (see Table 7.24). Overwhelming the key factor for not looking for work was customers' health problems (86 per cent), with the next most frequently mentioned barrier being that they did not want be apart from their children or leave them with someone (six per cent). This suggests that additional support for parents could be key to helping some move back into work.

Health problems being the key factor or barrier preventing customers **looking** for work, was similar to the finding for new and repeat customers in Jobcentre Plus areas that health problems were the most important barrier preventing them **moving** into work (see Hayllar *et al.*, 2010, pp. 92-93)²⁷.

²⁷ Customers in Jobcentre Plus areas who were not in paid work at the survey interview were asked what barriers they faced that prevented them from moving into work. Respondents were asked to complete a 'card sort' exercise where they placed a set of cards that had factors on them that may be barriers for them moving into work under three headings: those factors that were 'big reasons' for them not being in work, 'smaller reasons' and those that were 'not reasons'. The factor mentioned most frequently was health problems (71 per cent for pilot area customers and 70 per cent for customers in expansion areas).

Table 7.24 Barriers to work

	<i>Column %</i>
Reasons for not looking for paid work	
Nothing	1
Own illness/disability	86
Child's illness/disability	2
Other person's illness/disability	2
No (appropriate) work available (in area)	0
Don't have skills/qualifications	1
Doing training/education course	1
Taking part in government scheme	0
Waiting for NHS treatment/consultation	2
Better off not working	0
Too old to get a job/retired	2
Would be unable to pay rent/mortgage	0
Don't want to be apart from child/leave with anyone	6
No (suitable/acceptable/affordable) childcare available	2
Don't need to get a job/not interested in getting a job	0
I didn't want to co-operate with Jobcentre etc.	-
Lack of confidence	1
No reason	1
Problems in applying for jobs	0
Personal problems	0
Job kept open/already have a job	1
Worried about losing benefits	-
Pregnant	0
Waiting to start a job/training	0
Other reason	1
<i>Weighted n</i>	1,432
<i>Unweighted n</i>	1,451

Notes:

¹ Base: PLP customers not in and not looking for paid work.

8 Conclusions and policy implications

The aims of the introduction of private and third sector providers in the Provider-Led model of Pathways to Work were to improve:

- the efficiency of service provision; and
- outcomes by encouraging innovation within a framework of basic standards.

Building on qualitative studies conducted as part of a wider evaluation, this report uses quantitative evidence of customer experiences to address several issues presented by the change to the delivery approach in the Provider-Led model.

The process of an initial meeting at Jobcentre Plus followed by referral to a Provider organisation would require effective communication between the organisations and a robust referral process to avoid customers missing out on or avoiding provision. There were questions over the potential for unintended effects of the contractual approach taken, for instance the ‘cherry-picking’ or ‘creaming off’ easier to help customers and the possibility of Providers providing only minimal services (known as ‘parking’) to those more in need, particularly at a time of tightening labour markets during an economic downturn. Further, some Providers would be starting from a position of less experience of working with this particular customer group and the question to be answered is whether they could achieve high standards of advice and support within an acceptable timeframe (the timing of the survey aimed to allow for a period of ‘bedding-down’ of operations).

A further aim of the research was to provide quantitative evidence of the characteristics of the Provider-Led population in terms of their health conditions, skills, readiness for work, etc and compare this with the Jobcentre Plus-led Pathways population using the findings from previous surveys. In particular, the aim was to understand how these factors related to medium-term work outcomes.

8.1 The Jobcentre Plus role in referrals

A high proportion (68 per cent) of Provider-Led customers recalled attending a Work Focused Interview (WFI) at Jobcentre Plus. This was a little below the proportion who reported attending the initial WFI in Jobcentre Plus led Pathways areas (75 per cent). Most (86 per cent) of those who did not attend a meeting did not recall being asked to meet with an adviser.

As intended by the process in place during this study period, Jobcentre Plus staff seemed to have screened a proportion of customers out of the programme. Three-fifths of customers who attended the initial Jobcentre Plus WFI recalled that their Incapacity Benefit Personal Adviser (IBPA) had told them about further WFIs with a Provider.

The remaining two-fifths of customers did not recall being told about any further meetings. However, three-quarters of those meeting IBPAs said they had been clear about the next steps of the programme. Strong referral and clarity of communication was important for Provider attendance – 59 per cent of those for whom messages about next steps were ‘very clear’ attended a Provider, compared with 34 per cent of those for whom they were ‘not at all clear’.

The general agreement that messages about next steps were clear may indicate that much of the non-attendance relates to Jobcentre Plus advisers using their discretion to screen customers out of the programme in line with its design. Those told they had to attend meetings were much more likely to do so.

However, importantly, there was also evidence that self-selection played a part in non-attendance at Providers. There were differences in the profiles of health situations between those who were told they **had** to go and those who actually attended. It would seem that in many instances customers make the decision to not attend based on their health at the time – health problems was the predominant reason given by customers themselves for not attending meetings at a Provider.

It is difficult to assess the degree to which there was an effective and consistent application of a screening tool during the process. However, with a minority of customers finding work even among customers whose health improved or remained good throughout the period, rigid application of such a tool may not be appropriate.

8.2 Strong attendance at Providers

Overall, two-fifths of customers attended at least one WFI with a Provider. This was a slightly lower proportion than went beyond the initial WFI in Jobcentre Plus-led areas where half of customers went to this point.

However, Provider-led Pathways customers had more prolonged involvement with the Pathways programme. Around three-fifths (59 per cent) of those who met with Providers attended the full five WFIs. Overall, this meant that 23 per cent of all customers attended the five WFIs following the initial Jobcentre Plus WFI compared with 14 per cent in Jobcentre Plus-led areas. This would seem to indicate a degree of success on the part of Providers in encouraging engagement with the programme. It may reflect a greater focus among Providers on ensuring customers finish the sequence of WFIs as a strategy for maximising work outcomes (in the context of payment by results), or be the response of customers to the approach taken to the meetings more generally.

The more prolonged attendance may also reflect the lower level of movement into work (and therefore out of the WFI sequence) that was observed among our sample of Provider-Led customers. The sample in Provider-Led areas made their claims just as the economic downturn took hold and customers are likely to have faced a more difficult labour market than did the earlier sample from Jobcentre Plus-led areas.

8.3 Limited evidence of creaming and parking

There was little evidence of a process whereby specific customer groups were screened out of further WFIs by Providers themselves. However, the prolonged involvement observed with Providers across all groups does not in itself mean that ‘parking’ of those who may be further from work did not occur. This could still occur where customers continue to be asked to attend meetings, but these are cursory and do not lead to significant assistance. This concern was raised by earlier qualitative work²⁸.

It is difficult to make an assessment of whether parking and creaming occur due to the voluntary nature of services beyond the mandatory WFIs. Characteristics that are likely to make advisers ‘park’ certain customers are likely to be the same that would lead these customers to avoid engaging with the programme (severe health difficulties, low motivation to work).

²⁸ Hudson *et al.*, (2010) and Tennant *et al.*, (2010).

It is with this in mind that evidence of an association between not being worked-focused and not doing activities with Providers should be considered (customers who said they were not able to think about paid work were much more likely to state that the Provider advisers did no activity with them).

Parking and creaming could actually be sensible responses to assessments of whether individuals can be helped towards work with the services available. However, although being 'parked' might have been the most appropriate approach in customers' own view (i.e. it tallied with their assessment that they were not ready to return to work), it might be argued that these were precisely the groups who should be challenged and actively offered assistance.

8.4 Positive assessments of services

There was a high level of satisfaction with services. Customers generally reported that Provider staff understood their situations well. There is evidence to suggest that customers who were not aware if their Provider adviser received information on their situation by the first meeting were less likely to give positive assessments of services.

There was consistency in case management in general, with just over half of customers saying that they dealt with a single adviser. Having someone who the customer felt they could always contact to get help was an important factor in positive assessments.

Ultimately, 44 per cent reported that the Provider services had helped them to think about work 'a lot' and a further 24 per cent 'a little'. This was even higher than the levels reported for Jobcentre Plus in the pilot and expansion areas, although they were dealing with a larger proportion of the total customer population.

It was noticeable that those who were ready and able to think about work were more likely to give favourable opinions of services. Interestingly, however, there were no statistically significant differences in the assessment of how much the Provider helped them think about paid work according to the customers work history segmentation (i.e. whether they had 'substantial work pre-claim' or 'fluctuating or limited work pre-claim' did not affect their assessment – both groups assessed the helpfulness about the same). However, previous work history is not really the same as work readiness at the time of the customers' participation in the programme, so some customers might have had extensive work histories, but were in poor health so not able to move back into work.

In addition to the work-related services, Providers (or their sub-contractors) were delivering health management services. A higher proportion of customers reported being involved in these services compared to the CMP in Jobcentre Plus areas (eight compared to four per cent). Again, assessments were positive.

8.5 Work outcomes

During the 13 months after their claim for incapacity benefits, a quarter of Provider-Led customers carried out some paid work (24 per cent). Looking at the **pattern** of work for this group, a gradual movement into employment over the period was observed. Just over a quarter (28 per cent) of those who worked at some point in the 13 months reported that they had been employed for the full period since their claim. Twenty-six per cent found work in the first six months after their claim and a similar proportion (25 per cent) moved into work in a later period. The remaining fifth (20 per cent) of customers who worked at some point experienced falling out of the paid work they had been in since their claim. There was some suggestion that the rate of movement into work was slowing by the end of the period.

A little over a year after the claim for incapacity benefits, around a fifth of Provider-Led Customers (21 per cent) were in paid work. This was often full-time (55 per cent were working for 30 hours or more per week), and in a range of occupations, particularly routine and semi-routine (50 per cent of jobs were in these categories).

Overall, those with more limiting health conditions were considerably less likely to be in paid work (seven per cent were in paid work among those limited a great deal by their condition compared to 40 per cent of those who had no condition or one with no effect). However, a distinctive group was identified who had been in good health throughout the period – those in continued good health were **less** likely to be in paid work than those who had seen improvements in their health over the period. This presumably reflects other barriers to work beyond health for this (relatively small) group and analysis shows that this group were the most likely to experience multiple disadvantages.

In addition to those in paid work, a further 29 per cent were looking for work, whilst 50 per cent were not looking. The level of customers who were not looking for work was similar to that found among customers in Jobcentre Plus areas. Overall, there was a lower level of customers in work about a year after the claim in Provider-Led areas. However, this may reflect differences in labour markets (particularly as the economic downturn began during the period between our sample's claim and their survey interview), and in the characteristics of customers between the areas (limited though these differences appeared to be in terms of demographic and health characteristics).

It is worth noting, that among those who were in work and who had met with a Provider, a fifth (19 per cent) felt that they had been helped into this work entirely as a result of the Provider, although it is by no means clear that this group would not have gone on to find work in any case. Another study is planned which will address the question of whether Provider-led Pathways has had a net positive impact on customers' work outcomes and will be published alongside this report.

Appendix A

The Pathways to Work programme in pilot and expansion areas

The proposals set out in the Green Paper *Pathways to Work: Helping people into employment* (2002) were for a transformation in the system dealing with Incapacity Benefit (IB) customers towards a more comprehensively welfare to work model. The pilot reforms were a significant departure from the previous model of contact with IBs customers and the provision of support. For the first time, a mandatory element backed by sanctions was introduced in the form of the Work Focused Interview (WFI) held at Jobcentre Plus.

Complementing this change, existing services such as the New Deal for Disabled People (NDDP), Work-Based Learning for Adults (WBLA), Training for Work (TfW) and Programme Centres were brought together into a coherent ‘Choices package’ that provides systematic work-focused support. This also included the introduction of a new service, the Condition Management Programme (CMP), which provides assistance to customers to help them manage their health conditions. In addition, payments have been introduced as incentives to look for, and remain in work (Adviser Discretionary Fund and Return to Work Credit (RTWC)).

In the original model, Pathways to Work was delivered by Jobcentre Plus, with specialist staff based at the Jobcentre undertaking WFIs with customers and referring them onto other services such as NDDP or CMP as necessary.

The Jobcentre Plus model of Pathways to Work was introduced in October 2003 in ‘pilot’ areas and then rolled out to ‘expansion’ areas in three phases from October 2005 to October 2006.

The Provider-led Pathways to Work programme

In December 2007, following the rollout of the Jobcentre Plus model of Pathways to Work which had been taking place since 2003, a ‘Provider-Led’ model of Pathways to Work was rolled out across the remainder 60 per cent of the country where the private and not-for-profit third sector organisations were the main providers of WFIs and other services within those areas.

Providers were given a large degree of autonomy in how they deliver the Pathways programme (what has become known as the ‘black box’ approach). Instead of there being consistent packages of services available to customers, Providers were largely free to decide what services they offer within the ‘black box’. Providers were required to provide tailored, work-focused support alongside a personal action plan for customers, and they were also required to deliver some form of health management services similar to the CMP.

In summary, the key aspects of the Provider-led Pathways to Work process during the time period of this study:

- Most customers making a claim to an incapacity benefit were required to attend an initial WFI at the Jobcentre Plus with an Incapacity Benefit Personal Adviser (IBPA) between eight and thirteen weeks after making their claim except in Personal Capability Assessment (PCA) exempt cases (exemptions were removed from October 2008 with the introduction of the WCA for the ESA), or where the WFI is deferred or waived (the option to waive the WFI was discontinued when ESA was introduced). This is a mandatory meeting, with a sanction of reduced benefits for non-compliance and was to be used to assess whether the customer should take part in further WFIs.
- Following the initial WFI, if deemed appropriate, customers are referred on to the local Provider, on a mandatory basis, to attend up to five further WFIs at four week intervals- foot note as before.
- The Providers offer a range of provision aimed at improving labour market readiness and opportunities. All Providers were expected to provide some health management service, similar to the CMP led by NHS in the Jobcentre Plus-led Pathways areas.
- It was expected that the services would vary between providers, and that they will deliver all services by themselves or may involve partner or sub-contracted organisations to run some such as specialist work training or health programmes.

Along with the work or health related services from Providers, customers were also able to receive a financial incentive for moves into paid work – the RTWC made to customers who move into paid work of 16 hours or more. This payment was to be administered by the Jobcentre Plus and not the Providers.

Populations under study

The key focus of this report is the population of new or repeat incapacity benefit customers in Provider-Led areas who are claiming incapacity benefits for the first time or making a fresh claim following a break from claiming.

Customers were sampled from the phase one areas only and included those who had claimed qualifying benefits – IB, Income Support on the grounds of disability and Severe Disablement Allowance – and had been awarded those benefits.

The 15 phase one (from December 2007) areas that were sampled for this study are:

- Devon and Cornwall;
- North and Mid-Wales;
- South East Wales;
- West Yorkshire;
- Black Country;
- Greater Manchester East and West;
- Norfolk;
- Lincolnshire and Rutland;
- Forth Valley, Fife and Tayside;
- Central London;

- City and East London;
- Lambeth, Southwark and Wandsworth;
- Birmingham and Solihull;
- Edinburgh, Lothian and Borders;
- Nottingham.

Sampling

The sample frame for the survey was the National Benefits Database. The sample drawn included benefit starts between 1 April 2008 and 30 June 2008 in 93 Provider-led Pathways local authorities (Provider-Led phase one areas).

Weighting

The survey data in this report are weighted to allow estimates to be produced of the total population of phase one Provider-led Pathways customers.

Post-stratification weights were constructed by the Policy Studies Institute (PSI) to reflect the following attributes of the phase one Provider-led Pathways customer population: gender; age; and presence of mental health conditions.

Data collection

Data were collected through two modes – a telephone survey and an accompanying web-survey.

Telephone interviews were conducted with customers via Computer Assisted Telephone Interviewing (CATI). Interviews were carried out by specially trained interviewers working from NatCen's Brentwood based Telephone Unit.

Customers were interviewed in the period from June to mid September 2009. On average, the interview was carried out 14 months after the claim for benefits.

An accompanying web-survey was used to enable customers who did not want to take part by telephone to provide information. The web-survey was a shortened version of the telephone survey, developed predominately to capture data from customers sufficient for an impact assessment of the Provider-led Pathways to Work process.

Response to the survey

In total, interviews were conducted with 3,095 new and repeat customers in the phase one Provider-led Pathways areas. There were 3,012 telephone interviews and 83 completed web-surveys.

The achieved number of interviews represented a 64 per cent response rate to in-scope cases issued to the field.

To a degree, non-response was corrected by the weights that were applied by using a model of non-response based on the available administrative data.

Table A.1 Response to the survey

Customers in Provider-led Pathways areas (PLP customers)	
Total sampled	8,028
Opt-outs	321
<i>Per cent of total sampled</i>	4%
Poor contact information	2,703
<i>Per cent of total sampled</i>	34%
Ineligible	143
<i>Per cent of total sampled</i>	2%
Total in-scope for fieldwork	4,861
Non-contact	317
<i>Per cent of in-scope for fieldwork</i>	7%
Refusal	1,166
<i>Per cent of in-scope for fieldwork</i>	24%
Other unproductive	283
<i>Per cent of in-scope for fieldwork</i>	6%
Achieved	3,095
<i>Per cent of total sampled</i>	39%
<i>Per cent of in-scope for fieldwork</i>	64%

Editing of the work history data

There was some evidence that the work history collected during the survey interview suffered from recall problems for some respondents. Whilst work status at the time of the interview could be relied upon, respondents' recall of the month in which work began or ended some months earlier was prone to a degree of error. Interviewers on the survey were briefed to encourage an estimated date to ensure that useful data was gathered from as broad a sample as possible, but this will have led to some inaccuracies and some contradictions.

The point where anomalies are noticed relates to the date at which respondents are known to have made a claim for benefits which led them to qualify for Pathways to Work. This information was provided by DWP from benefit records. In around 12 per cent of cases, work history data suggested that the respondent was in paid work at the time that administrative data suggests they made their claim. Whilst some of this may relate to Permitted Work (work of less than 16 hours per week that is allowed alongside a claim for IBs) or work that was not declared to Jobcentre Plus, it seems likely that part of the explanation is recall error or a failure during the interview to highlight a significant period off work due to ill health (this might particularly have occurred where the respondent returned to the same place of work after a period on IB).

Applying some assumptions, some improvement was made to the data for accounts where it was likely that recall error on dates was the reason for a contradiction between administrative and survey data. Where the start date of a period of work that straddled the date of claim was within two months of the claim date, the start date of that work was moved to be within the month **after** the claim date (this affected about two per cent of cases where there was a work history). Also, where a period of work straddled the period of work and the end point was within two months of the claim date (and they were subsequently out of work), the end date of that work was moved to be prior to the claim date (this affected about one per cent of cases).

With these amendments made, in around eight per cent of cases customers' work history still suggested they were in paid work at the point of claim. There was no basis on which to make further amendments to the survey data (the start and end dates of the work they mentioned were more than two months from the point of claim), but a question remains about the actual proportion within this group that were, in reality, in work.

Appendix B

Logistic regression model summaries

Table B.1 Summary of logistic regression model of attendance at initial Jobcentre Plus WFI

Logistic regression model		
Dependent variable:	Attendance at initial Jobcentre Plus WFI	
Independent variables	Odds ratio	P-value
Health changes since claim (based on effect movements)		
Improvements in health – no condition/no effect	1.971	<u>0.001</u>
Improvements in health – from great effect to some effect	3.165	<u>0.000</u>
Continued poor health, or declining health	3.005	<u>0.000</u>
<i>ref. Continued good health</i>		
Has main mental health condition at claim	1.350353494	<u>0.002</u>
Tenure		
Owned outright or mortgage	1.231	0.115
Renting – social or council	1.478	<u>0.002</u>
Other situation	1.559	<u>0.010</u>
<i>ref. Renting – private</i>		
Household structure or status (including working/non-working partner)		
Lives alone	1.895	<u>0.000</u>
Lives with non working partner and children	1.469	0.070
Lives with working partner, no children	1.637	<u>0.005</u>
Lives with non working partner, no children	1.404	0.094
Lives with children, no partner	1.869	<u>0.002</u>
Other	1.643	<u>0.003</u>
<i>ref. Lives with working partner and children</i>		

Notes:

¹ Base: all PLP customers.

² Independent variables are listed in order of importance, with odds ratios estimated for those independent variables that were statistically significant at the 95 per cent level shown in bold and underlined.

³ Variables included in model but not significant: age; gender; ethnicity (white/non-white); level of qualification held; relative deprivation of area (quintiles within country); presence of musculo-skeletal or chronic/systemic or other health condition or disability or No disability; segmented work history of customers.

Table B.2 Summary of logistic regression model of attendance at Provider WFIs

Logistic regression model		
Dependent variable:	Attendance at Provider WFIs	
Independent variables	Odds ratio	P-value
Household structure or status (including working/non-working partner)		
Lives with working partner and children	0.378	<u>0.000</u>
Lives with non working partner and children	0.858	0.370
Lives with working partner, no children	0.493	<u>0.000</u>
Lives with non working partner, no children	0.514	<u>0.000</u>
Lives with children, no partner	0.701	<u>0.021</u>
Other	0.905	0.393
<i>ref. Lives alone</i>		
Health changes since claim (based on effect movements)		
Continued good health	0.473	<u>0.000</u>
Improvements in health – no condition/no effect	0.711	<u>0.002</u>
Improvements in health – from great effect to some effect	1.130	0.246
<i>ref. Continued poor health, or declining health</i>		
Has main mental health condition at claim	1.291	<u>0.005</u>
Tenure		
Owned outright or mortgage	0.705	<u>0.001</u>
Renting – private	0.808	0.078
Other situation	0.870	0.335
<i>ref. Renting – social or council</i>		
Age of customer		
30 to 39	1.385	<u>0.009</u>
40 to 49	1.332	<u>0.020</u>
50 to 54	1.484	<u>0.010</u>
55 and over	1.342	0.053
<i>ref. 18 to 29</i>		

Notes:

- ¹ Base: all PLP customers.
- ² Independent variables are listed in order of importance, with odds ratios estimated for those independent variables that were statistically significant at the 95 per cent level shown in bold and underlined.
- ³ Variables included in model but not significant: gender; ethnicity (white/non-white); level of qualification held; relative deprivation of area (quintiles within country); presence of musculo-skeletal or chronic/systemic or other health condition or disability or no disability; segmented work history of customers.

Table B.3 Summary of logistic regression model of paid work at interview

Logistic regression model		
Dependent variable:	In paid work	
Independent variables	Odds ratio	P-value
Health changes since claim (based on effect movements)		
Continued good health	3.566	<u>0.000</u>
Improvements in health – no condition/no effect	9.965	<u>0.000</u>
Improvements in health – from great effect to some effect	4.078	<u>0.000</u>
<i>ref. Continued poor health, or declining health</i>		
Household structure or status (including working/non-working partner)		
Lives with working partner and children	1.836	<u>0.003</u>
Lives with non working partner and children	1.195	0.444
Lives with working partner, no children	1.985	<u>0.000</u>
Lives with non working partner, no children	0.996	0.988
Lives with children, no partner	0.800	0.327
Other	0.959	0.801
<i>ref. Lives alone</i>		
Tenure		
Renting – private	0.877	0.416
Renting – social or council	0.507	<u>0.000</u>
Other situation	0.559	<u>0.004</u>
<i>ref. Owned outright or mortgage</i>		
Has main mental health condition at claim	0.55503397	<u>0.000</u>
Level of qualification held		
NVQ Level 1	1.415	0.159
NVQ Level 2	1.800	<u>0.001</u>
NVQ Level 3	1.950	<u>0.000</u>
NVQ Level 4	1.997	<u>0.000</u>
NVQ Level 5	2.321	<u>0.021</u>
Has qualification, unclassified level	1.712	<u>0.015</u>
<i>re. No qualifications</i>		
Fluctuating work or other history	0.725101223	<u>0.007</u>
Did not meet with Provider	1.365327791	<u>0.007</u>
Male customers	0.784088912	<u>0.032</u>

Notes:

¹ Base: all PLP customers.

² Independent variables are listed in order of importance, with odds ratios estimated for those independent variables that were statistically significant at the 95 per cent level shown in bold and underlined.

³ Variables included in model but not significant: age; ethnicity (white/non-white); relative deprivation of area (quintiles within country); presence of musculo-skeletal or chronic/systemic or other health condition or disability or no disability; use of health management services.

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Following the roll-out of Pathways to Work covering 40 per cent of the country where Jobcentre Plus was the hub of delivery, a 'Provider-led' (PL) model of Pathways to Work was nationally rolled out across the remainder of the country in December 2007 (phase one) and April 2008 (phase two). In this model, private and not-for-profit third sector organisations were contracted out to deliver the programme in order to:

- improve the efficiency of service provision; and
- improve outcomes by encouraging innovation within a framework of basic standards.

Building on earlier qualitative studies conducted as part of a wider evaluation of PL Pathways, this report uses quantitative evidence of customer experiences to address several issues presented by the change to the delivery approach. The research is based on a telephone survey of 3,095 customers in phase one areas of PL Pathways. Interviews were conducted, on average, 14 months after customers made their claims for incapacity benefits.

The report describes the pattern of customers' engagement with the programme, their experiences and assessments of the process and services and their work and health outcomes in the medium term.

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DWP Department for
Work and Pensions

Published by the
Department for Work and Pensions
January 2011
www.dwp.gov.uk
Research report no. 723
ISBN 978-1-84712-920-8